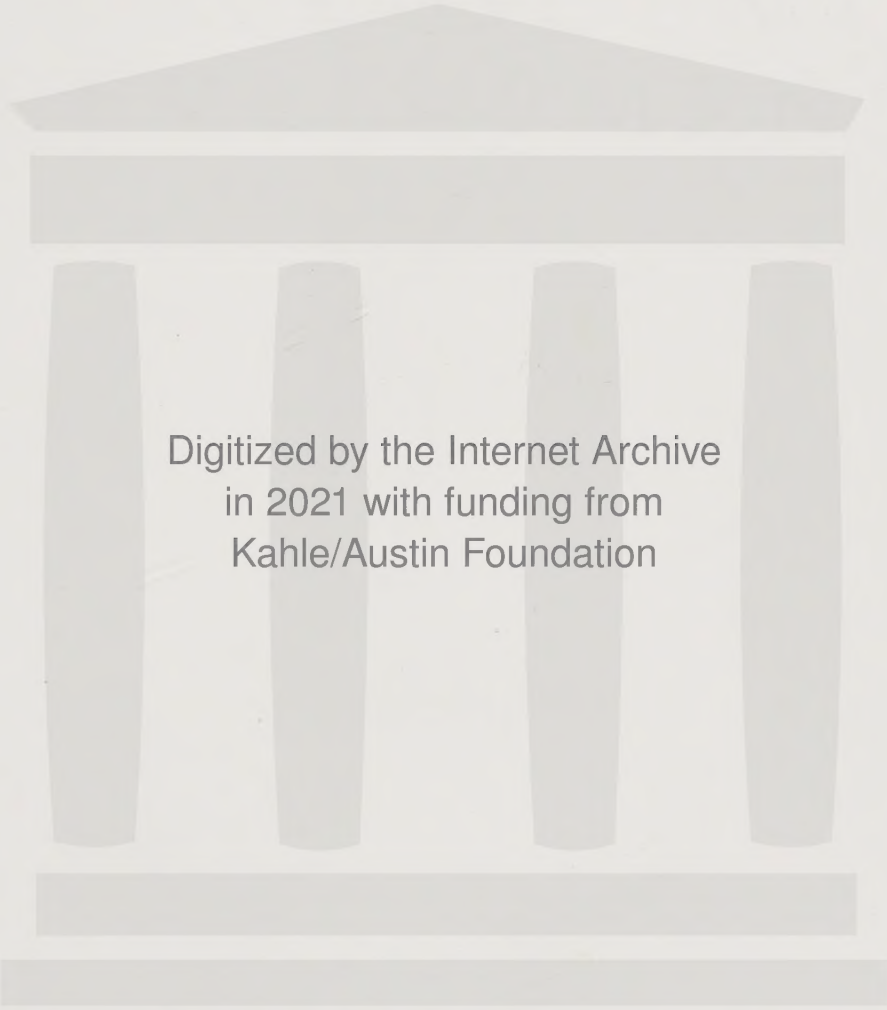


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ADOLESCENT  
DEVELOPMENT





# ADOLESCENT DEVELOPMENT

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*This book is lovingly dedicated to our wonderful children:*

*JULIETTE DACEY FAY, JENNIFER DACEY, KRISTEN DACEY,*

*AND*

*KATHERINE KENNY.*

*J. D. and M. K.*

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# P R E F A C E

## OUR PURPOSES FOR WRITING THIS BOOK

Our main motivation in writing this book was our belief that in the rapidly changing world of today, major changes both in the lives of teenagers and in the ways we study them should be addressed, and have not been. First of all, our book has been designed to be more accessible to a wider variety of readers, who differ in several ways from college students of the past. There is a much greater cultural diversity in today's students. They come to college with more varied experiences, vocabularies, and learning styles. Many of these students are the first in their families to attend college. This is especially so for the community colleges, junior colleges, and state colleges.

We have tried very hard, with the help of our many reviewers, to provide a text that is readily accessible to students, in terms of vocabulary and writing style, without sacrificing any of the rigor in describing theory and research that characterizes older books. In addition, the chapters include boxed features entitled "A Multicultural View," which highlight the role of race and ethnic group membership in adolescent development.

Second, the number and variety of controversial issues in adolescent development has increased. Students will need to be able to construct their own perspectives on these socially complex issues. Throughout the text there are boxes that describe a debatable situation in the theories or research, and each of these boxes asks, "What's Your View?"

Third, students have a right to know not only what research and theory have to say about adolescent development; they also need to know how to *apply* these concepts in actual interactions with teens. Many of our students will be serving in increasingly challenging environments such as emergency rooms, urban classrooms, or community service centers. We ought to do a better job helping them see how theories and research can be applied in the real world. In each chapter, one or more boxes feature "An Applied View," which explains in detail the relevance of the preceding text to some situation in the real world, and offers suggestions for direct application of the information. To further assist readers in their use of these materials, we are including an appendix: "Services Available to Youth in Most Medium-to-Large U.S. Cities, and Their 800 Numbers."

## The Organization of This Book

In general, our book is organized along traditional lines; it is in the specifics (discussed below) that we differ. Part One is entitled "Introduction to the Concept of Adolescence." The first chapter offers an explanation to the major questions in the field of adolescent development, and the methods we use to answer these questions. The second chapter

provides an overview of the major theories in adolescent development. We return again and again to these foundational ideas throughout the rest of the book.

The title of Part Two is “Developmental Patterns,” which refers to those aspects of adolescence that are often considered largely internal or individual changes. These include chapters describing physical development, cognitive development, morality and spirituality, and the self and identity formation. Part Three, “Interactions with the World,” covers important areas in development that are greatly influenced by the person’s surroundings. These include chapters that explain family relations, social relations, sexuality, and education and work.

We found it necessary to devote three chapters to Part Four, “Teens Who Have Serious Problems.” Although we believe that the great majority of teenagers meet their developmental and environmental challenges successfully, it is necessary to devote considerable coverage to those who do not, as many of our readers will find themselves dealing with these unfortunate teens. These chapters cover theory, research, and applications in the areas of stress and mental disturbances, substance abuse, and delinquent behavior. Part Five, labeled “The End of Adolescence,” includes the book’s final chapter and describes initiation into adulthood in North America.

## What Is New and Different about This Book

Although we cover virtually all of the same topics as other texts, in addition we give more attention and a fresh slant to some new topics. Some of these topics are:

- Adolescent attitudes toward puberty
- Flavell and Vygotsky on cognition
- Developmental aspects of faith and spirituality
- An emphasis on interdependence *with* parents rather than on independence *from* parents
- Developmental aspects of creative thinking
- Research on stress and its relationship to health
- A chapter devoted to the transition into adulthood
- The role of cultural diversity in all the areas we cover

There are several other features of this book we should also mention: we believe that the “biopsychosocial” approach is essential in understanding the causes of adolescent behavior. New research is providing tremendous insights into the functioning of our genetic systems so there is a growing interest in the biology of this developmental period, not only in terms of puberty, but also in such areas as cognition, substance abuse, and delinquent behavior. Nevertheless, context is also important, both from the psychological and social standpoints, and it changes constantly. Therefore we endeavor to cover biopsychosocial interactions throughout every chapter. Although we emphasize psychology and education, we also turn to interdisciplinary material in such other fields as biology, sociology, history, anthropology, economics, and law where appropriate.

We try never to speak of “the adolescent,” as though there were such a unified stage of life. Rather, where relevant in every chapter, theory and research are presented in terms of what we believe to be the *two* main phases of adolescence: the earlier stage (11 to 14 years old), and the later stage (15 to 18 years old). We also recognize that although all developmental textbooks necessarily deal with generalizations about age groups, it is important to recognize the role played by individual differences.

The sequence in which we have arranged the book is recommended for its use in the classroom, but chapters are relatively independent. Therefore they may be required in any order you choose, or not included if so desired.

## Supplementary Materials

We have worked with the publisher and a group of very talented individuals to put together a quality set of supplementary materials to assist the instructors and students who use this text.

A helpful *Instructor's Manual* has been prepared by Richard A. Pierce, of Pennsylvania State University–Altoona. Each chapter of the *Instructor's Manual* includes a chapter overview, learning objectives, key terms page referenced to the text, lecture suggestions, classroom/student activities, and questions for review and discussion. The *Instructor's Manual* also includes over 1000 multiple-choice test items. Each question is referenced to its related learning objective and text page and is classified as factual, conceptual, or applied.

The *Student Study Guide* was also created by Richard Pierce. For each chapter of the text, the student is provided with learning objectives, a summary, key terms, a guided review, study questions (with answers for self-testing), and suggested activities.

The *Brown & Benchmark Developmental Psychology Transparency/Slide Set* consists of 100 newly developed acetate transparencies or slides and will be available to adopters of *Adolescent Development*. These full-color illustrations include graphics from various outside sources. These transparencies, created by Lynne Blesz Vestal, were expressly designed to provide complete coverage of all major topic areas generally covered in a course on developmental psychology. A comprehensive, annotated guide provides a brief description for each transparency and helpful suggestions for use in the classroom.

The *Brown & Benchmark Customized Reader* allows you to select over 80 different journal or magazine articles from a menu provided by your Brown & Benchmark sales representative. These readings will be custom printed for your students and bound into an attractive 8 1/2-by-11-inch book, giving you the opportunity to tailor-make your own student reader.

A large selection of videotapes is also available to adopters based upon the number of textbooks ordered directly from Brown & Benchmark by your bookstore.

The test items in the *Instructor's Manual* can be used with TestPak 3.0, a complete classroom management system. One of TestPak's most exciting capabilities is its ability to scramble the order of the alternatives, allowing you to use your favorite items frequently and yet have them appear a little differently so that “old forms” cannot be memorized by students or so that you may give alternate versions of the same test in a large classroom setting.

Adopters of this text who use TestPak 3.0 with enhanced quizzing and grading capabilities will find that this convenient system allows them to save hours of test preparation time. This new program allows instructors to print test masters utilizing the TestPak program, construct a test and allow students to take the test on the computer, have the computer automatically grade the exam, give quizzes to help learn material before students take the test, and utilize a gradebook package to compute and graph individual student and total class records. As another option, an instructor may use our convenient call-in/mail-in/FAX service to generate tests. For more information about TestPak 3.0, please contact your local Brown & Benchmark sales representative.

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part **1** one

INTRODUCTION  
TO THE  
CONCEPT OF  
ADOLESCENCE





# c h a p t e r 1

*“Who are you?” said the caterpillar. Alice replied rather shyly: “I ... I hardly know, sir, just at present—at least I knew who I was when I got up this morning, but I must have changed several times since then.”*

*Lewis Carroll, Alice in Wonderland*

## WHAT IS ADOLESCENCE?

What Is Adolescence Like Today?

*What Part of Our Population Is  
Adolescent?*

*Critical Changes in the Multicultural  
Diversity of the Adolescent  
Population*

*Some Problems Adolescents Face Today*

*Some Contributions Adolescents Make to  
Our Society*

*Spending Habits of Typical Teens*

What Was Adolescence Like in the Past?

*Answer: There*

*The Middle Ages*

*The “Age of Enlightenment”*

*The Twentieth Century*

*In Today’s Adults Remember Their Teen  
Years as Difficult?*

When Does Adolescence Begin and End?

What Are the Best Methods of Studying  
Adolescence?

*Data-Collection Techniques*

*Time-Variable Designs*

Conclusion

Chapter Highlights

Key Terms

What Do You Think?

Supplement Reading



On her way through Wonderland, Alice tries to explain herself to the caterpillar.

---

What is adolescence like today? Some writers have suggested that like Alice, adolescents experience life as a constant swirl of painful adjustments. Is adolescence a time of topsy-turvy change, marked by abrupt emotional crises, or is this only a **stereotype**? This question has caused a great deal of debate among scientists who study this fascinating period of life.

Other important questions about the current nature of adolescence include: What part of our population is adolescent, and how is that changing? What changes are occurring in the racial and economic makeup of our adolescent population? What are some problems adolescents face today? What are some contributions adolescents make to our society? What are their economic values? In this chapter, we will give brief answers to these questions, as a means of forming a useful definition of adolescence.

A second method that should help us understand this period better is to compare adolescence now with how it used to be, as seen by observers in earlier eras, and by the reflections of those who are now adults. A third major issue focuses on when (at what age or with what event) this stage of life begins, and when it ends. A fourth important question is, "What are the best ways of answering questions about adolescence today?"

In this chapter we consider each of these questions. Naturally our answers will be incomplete; it will take the rest of this book to try to do justice to these and other such vital questions. As a result of having read this chapter, you should be able to:

- List several key factors that depict adolescence in American society.
- Identify ways in which your own adolescence was different from or similar to that of today's adolescents.

- Describe how adolescence was viewed in ancient times, during the Middle Ages, during the “Age of Enlightenment,” and in the present century.
- Explain the value of studying adolescence in two stages, early (11 to 14 years old) and late (15 to 18 years old), rather than as one stage.
- State what you believe to be the best definitions of the beginning and end of adolescence.
- Specify the importance of using scientific methods in the study of adolescent development, and improve your ability to analyze the tables and charts that are essential to this study.
- Define the three major data-collection methods and the four types of time-variable designs, and list the advantages and disadvantages of each.
- Discuss these issues, in this and every chapter, from an applied, a multicultural, and your own point of view.

## WHAT IS ADOLESCENCE LIKE TODAY?

In this section, we will try to get a brief overview of adolescence as it now exists in our culture. As you read these descriptions and the data that support them, try to put the pieces together into your own definition of what “adolescence” means.

### What Part of Our Population Is Adolescent?

One way to get a picture of adolescents is to examine their place in the population of the United States today. First of all, there are fewer of them than there used to be, and they compose a smaller part of the total population (see Table 1.1 and Figure 1.1). What other conclusions can you draw from these data?

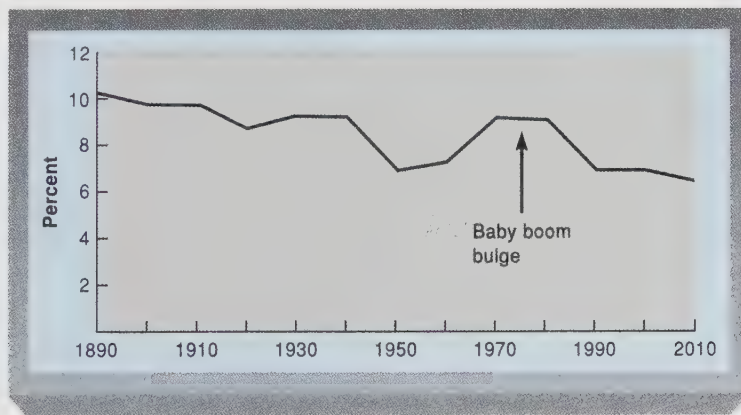


Figure 1.1 Teenage population as a percent of total U.S. population.

Source: Data from the U.S. Bureau of the Census, 1990.



Table 1.1

## TOTAL POPULATION, BY AGE AND SEX

Year and Sex	Total, All Ages	10 to 14 Years	15 to 19 Years	Year and Sex	Total, All Ages	10 to 14 Years	15 to 19 Years
<i>In Thousands</i>				<i>Percent</i>			
<b>Total</b>				<b>Total</b>			
1960	180,671	16,925	13,442	1960	100.0	9.4	7.4
1970	205,052	20,853	19,333	1970	100.0	10.2	9.4
1975	215,973	20,646	21,285	1980	100.0	8.0	9.3
1980	227,757	18,236	21,159	1985	100.0	7.1	7.8
1984	237,001	17,511	18,823	1989	100.0	6.8	7.2
1985	239,279	17,101	18,587	<b>Male</b>			
1986	241,625	16,565	18,648	1960	100.0	9.6	7.6
1987	243,942	16,485	18,497	1970	100.0	10.6	9.8
1988	246,307	16,626	18,249	1980	100.0	8.4	9.7
1989	248,762	16,950	17,847	1985	100.0	7.5	8.1
<b>Male</b>				1989	100.0	7.2	7.5
1960	89,320	8,602	6,803	<b>Female</b>			
1970	100,354	10,622	9,816	1960	100.0	9.1	7.3
1980	110,888	9,314	10,776	1970	100.0	9.8	9.1
1985	116,648	8,762	9,478	1980	100.0	7.6	8.9
1989	121,445	8,689	9,123	1985	100.0	6.8	7.4
<b>Female</b>				1989	100.0	6.5	6.9
1960	91,352	8,323	6,640				
1970	104,698	10,230	9,517				
1980	116,869	8,923	10,382				
1985	122,631	8,339	9,109				
1989	127,317	8,260	8,725				

Source: Statistical Abstracts of the United States, 1991.

# Critical Changes in the Multicultural Diversity of the Adolescent Population

Not only is the number and percentage of teens changing, but also their racial and economic status. These changes that will have sweeping ramifications for those who work with them. In the early years of this country, it was hoped that the U.S. would become a large “melting pot,” which would gradually blend those of many races and cultures into one superior American culture. Now it seems more likely that we will need to learn to build our strength through cooperation among several rather different cultures, all living alongside each other. This latter concept has become known as **multicultural diversity**. Lipsitz (1991) summarizes these changes:

*Approximately 20 percent of America's children live in poverty. That figure is rising steadily toward 25 percent. Children are poorer than any other age group, and they are worse off than they were two decades ago. African-American and Hispanic children are two to three times more likely to be living in poverty than are White children. . . . Median family income, although rising, remains below 1970 levels. Family incomes of African-American and Hispanic children, however, have continued to decline. The median family income of White children is twice that of African-American children and more than 1 3/4 times that of Hispanic children.*

*Between 1980 and 1988 the Hispanic population grew close to five times faster (34 percent) than the non-Hispanic population (7 percent). Differential numbers are riveting: Census estimates indicate that from 1985 to 2000 there will be 2.4 million more Hispanic children, compared with 1.7 million more African-American children, and 66,000 more non-Hispanic White children. If current population growth is sustained, Hispanics will become this country's largest minority by 2020 (p. 22).*

Another major change is in the number of U.S. families that have children living in them. The percentage has dwindled from 45 percent in 1970 to 38 percent in 1980 to 36 percent in 1990. As Lipsitz describes the impact of these data,

*In the year 2000, 4.1 million fewer Americans ages 18 to 24 will be available to enter the work force than in the mid-1980s, a decline of 14 percent. One-third of these young adults will be minorities, compared to one-quarter in 1985. . . . Society's deepening dependence on the very children in greatest jeopardy is forcing to the forefront major public policy decisions that might otherwise lie dormant (p. 23).*

### THE ROLE OF ETHNIC AND CULTURAL DIFFERENCES

As more and more research on adolescents is done, our understanding of how different adolescents are from each other also grows. Younger adolescents are different from older adolescents, males are different in many ways from females—and there are differences due to ethnic and cultural background as well. It is increasingly important that we learn about these differences as our society becomes more diversified. Did you know, for example, that in 1998, whites will no longer outnumber nonwhites in the United States?

In the past, many people have believed that being nonwhite means being inferior. Among the stereotypes are the assumptions that nonwhites are more likely to be unmarried parents, to abuse drugs, to commit criminal acts, and to suffer mental illnesses. To what extent are these beliefs true, and to what extent are they prejudices? Where they are true, to what extent are they due to race and to what extent are they due simply to poverty?

And to what extent are the alleged strengths of nonwhites true? Do nonwhites have strong family ties, treat their elderly with compassion, have high religious participation, and support each other in adversity? Are these positive stereotypes supported by research?

How do African-American, Latino, Asian, and Native American youths compare to each other? Are they similar in some ways and different in others? Over the course of this book, we will attempt to answer these questions, in part through the regular sections of the book, and in part through boxes like this one. You should ask yourself, as you read various research reports, “Does this research reflect most adolescents, or is it relevant only to the group under study?”

Another way to develop our picture of the modern teen is to ask the question, “What are some of the major problems American teens face today?” Before turning to that question, though, perhaps you would enjoy taking a moment to reflect on what you were like in early adolescence.

### Some Problems Adolescents Face Today

*“These are the best years of your life! You’d better enjoy them now, because before you know it, you’ll be weighed down with adult responsibilities!”*

Can you remember your parents saying this, or something like it? At some time during their teen years, most adults were probably advised not to “waste their youth.” It used to be a common belief that adolescence was a carefree period, a stage of life when people would “sow their wild oats” before settling down to the demands of adult maturity.

## WHAT WERE YOU LIKE?

Following are some questions about your teenaged personality which you might enjoy answering. Pretend you are in the eighth grade. Let your mind drift back in time, and imagine yourself sitting in your favorite classroom. Look around the room and see who is sitting there. Try to answer these questions as you would have then.

A. Are the following statements true or false?

1. Most of the other kids in the class are stronger than I am. T F
2. I am about as intelligent as anybody in this classroom. T F
3. I am certainly not one of the teacher's favorite students. T F
4. Most people would say I am above average in athletic ability. T F
5. I am probably one of the more attractive students in this class. T F
6. I am one of the shortest kids here. T F
7. I would say that I am more mature than most of my friends. T F
8. I am more popular than most of my classmates. T F
9. I am very moody and I seem to get upset easily. T F
10. I am unhappy with several of my physical traits. T F

B. In the following multiple-choice statements, choose the one that best fits you.

1. My knowledge of sex is
  - a. practically nonexistent.
  - b. much less than the other kids'.
  - c. about the same as the other kids'.
  - d. much greater than the other kids'.
2. At parties and dances, I am known as
  - a. a real wallflower.
  - b. shy, except with my close friends.
  - c. outgoing.
  - d. the life of the party.
3. I would describe my relationship with my parents as
  - a. very loving; we really understand each other.
  - b. friendly, but we sometimes have unpleasant fights.
  - c. stormy about half the time.
  - d. we are usually so angry at each other that we hardly talk at all.
4. My interest in my schoolwork is
  - a. high.
  - b. moderate.
  - c. low.
  - d. nonexistent.

*(continued)*

5. Regarding thoughts about death and physical illness
  - a. I am plagued with such thoughts.
  - b. I frequently have such thoughts and they bother me from time to time.
  - c. I don't think about them very much.
  - d. I never think about them.

C. Fill in the blanks in the following sentences:

1. The thing I would change most about my life is \_\_\_\_\_
2. My best friend is \_\_\_\_\_
3. My deepest secret is \_\_\_\_\_
4. My fondest memory is \_\_\_\_\_
5. The thing of which I am most ashamed is \_\_\_\_\_

D. Rank the following ten characteristics in the order in which they are true of you. Put a 1 in front of the characteristic that best describes you; put a 2 in front of your second most typical trait, and so on.

- |                          |                       |
|--------------------------|-----------------------|
| ___ Eager-beaver student | ___ Handsome/pretty   |
| ___ Sports enthusiast    | ___ Kind and generous |
| ___ Boy/girl crazy       | ___ A loyal friend    |
| ___ Introspective        | ___ Well mannered     |
| ___ Humorous             | ___ Reliable          |

There are several things that can be done with this list to enhance your understanding and empathy for adolescents. You and your friends or fellow students might want to compare answers, with each person reading their answers to each question, one at a time. You may wish to analyze the answers for clues about the definition of adolescence we are seeking. On the other hand, you might share your answers with a small group of your most trusted friends, or even with your parents and siblings.

Some observers, however, believe that the teen years have become the *worst* time of life. Is adolescence an unusually problematic period of life? Are the changes that accompany it more abrupt and disruptive than those of earlier and later stages? Those who think so point to statistics such as those in Table 1.2 to support their case.

The increase in "children having children," that is, of unwed teenagers giving birth to children whom they are rarely prepared to care for, is especially dismaying. Table 1.3 shows the numbers and percentages of these births and Figure 1.2 depicts the relative rates of whites and other races (this subject is treated in much greater detail in Chapter 7).



Table 1.2

## ONE DAY IN THE LIVES OF AMERICAN CHILDREN

Every day in America:

- 8,441 teens become sexually active.
- 2,756 teens become pregnant.
- 1,340 babies are born to teen mothers.
- 2,754 babies are born out of wedlock.
- 638 babies are born to mothers receiving late or no prenatal care.
- 742 babies are born at low birthweight (less than 5.5 pounds).
- 2,685 babies are born into poverty.
- 107 babies die before their first birthday.
- 2 children younger than 5 are murdered.
- 248 children are arrested for violent crimes.
- 176 children are arrested for drug abuse.
- 427 children are arrested for alcohol abuse or drunk driving.
- 10,988 public school students are suspended each school day.
- 2,250 students ages 16 to 24 drop out each school day.

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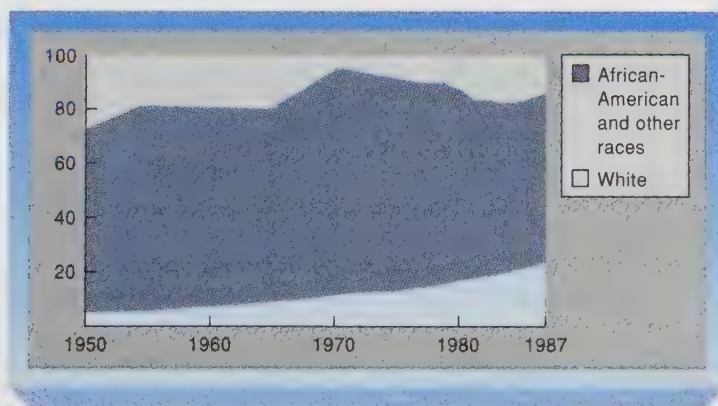


Figure 1.2 Births to unmarried women, ages 15-19 (rate per 1000). Includes never married, divorced, and widowed women. Latinos may be any race.

Source: National Center for Health Statistics, 1988.

Table 1.3

# BIRTHS TO UNMARRIED WOMEN, BY RACE OF CHILD AND AGE OF MOTHER: 1970 TO 1988

<b>Race of Child and Age of Mother</b>	<b>1970</b>	<b>1980</b>	<b>1988</b>
<b><i>Number (1,000)</i></b>			
<i>Total live births</i>	398.7	665.7	1,005.3
White	175.1	320.1	539.7
Black	215.1	325.7	426.7
Under 15 years	9.5	9.0	9.9
15–19 years	190.4	262.8	312.5
<b><i>Percent Distribution</i></b>			
<i>Total</i>	100.0	100.0	100.0
White	43.9	48.1	53.7
Black	54.0	48.9	42.4
Under 15 years	2.4	1.4	1.0
15–19 years	47.8	39.5	31.1
20–24 years	31.8	35.6	34.9
<b><i>Births to Unmarried Women as Percent of All Births in Racial Groups</i></b>			
<i>Total</i>	10.7	18.4	25.7
White	5.7	11.0	17.7
Black	37.6	55.2	63.5
<b><i>Birthrate</i></b>			
<i>Total</i>	26.4	29.4	38.6
White	13.9	17.6	26.6
Black	95.5	82.9	88.9
15–19 years	22.4	27.6	36.8

Source: Statistical Abstracts of the United States, 1991.

Table 1.4

**PERCENTAGE OF CHILDREN REPORTING SPECIFIC  
PROBLEMS IN PREVIOUS MONTH**

<b>Problem Area</b>	<b>9-10 Years (N = 111)</b>	<b>11 Years (N = 154)</b>	<b>12 Years (N = 169)</b>	<b>13 Years (N = 163)</b>	<b>14 Years (N = 82)</b>
School	21.1	9.1	16.6	12.9	9.8
Siblings	18.6	12.3	10.1	10.4	13.4
Parent/child conflict	17.0	18.2	14.8	18.4	23.2
Friends	13.7	14.3	14.2	13.5	8.5
Parent/parent conflict	1.8	5.2	5.3	2.5	1.2
Household	8.5	1.3	2.4	1.8	1.2
Family health	5.3	3.2	3.6	3.7	1.2
Pets	5.3	1.9	1.8	0.6	1.2
Extracurricular activities	1.8	2.6	7.1	6.7	3.7
Boyfriend/girlfriend	0.9	1.3	3.0	3.7	7.3
Free time	1.8	3.2	1.2	2.5	1.2

From A. Spirito et al., "Common Problems & Coping Strategies Reported in Childhood and Early Adolescence" in *Journal of Youth and Adolescents*, 20 (5):531, 1991. Copyright 1991 © Plenum Publishing Corporation, New York, NY. Reprinted by permission of the publisher and the authors.

What do teenagers themselves believe their chief problems are? Spirito and associates (1991) asked 676 9- to 14-year-olds to identify the problems they had experienced in the last month. Table 1.4 gives a report of their answers.

It is interesting to note the changes in the frequency of the various problem types with age. Only two (parent/child conflict and boyfriend/girlfriend problems) increase with age. Problems with siblings decline and then increase, parent/parent conflicts and extracurricular activity problems go up, then decline, and the rest decline with age.

Finally, it should be noted that when adolescents *do* have problems, the ill effects percolate throughout society, and continue for years after the original problems occur. This is demonstrated clearly in the box that follows.

## COSTS OF PREVENTABLE ADOLESCENT PROBLEMS

### **School Dropout**

- *Each year's class of dropouts will, over their lifetime, cost the nation about \$260 billion in lost earnings and foregone taxes.*
- *In a lifetime, a male high school dropout will earn \$260,000 less than a high school graduate, and contribute \$78,000 less in taxes. A female who does not finish high school will earn \$200,000 less, and contribute \$60,000 less in taxes.*
- *Unemployment rates for high school dropouts are more than twice those of high school graduates. Between 1973 and 1986, young people who did not finish high school suffered a 42 percent drop in annual earnings in constant 1986 dollars.*
- *Each added year of secondary education reduces the probability of public welfare dependency in adulthood by 35 percent.*

### **Teenage Pregnancy**

- *The United States spent more than \$19 billion in 1987 in payments for income maintenance, health care, and nutrition to support families begun by teenagers.*
- *Babies born to teen mothers are at heightened risk of low birthweight. Initial hospital care for low-birthweight infants averages \$20,000. Total lifetime medical costs for low-birthweight infants averages \$400,000.*
- *Of teens who give birth, 46 percent will go on welfare within four years; of unmarried teens who give birth, 73 percent will be on welfare within four years.*

### **Alcohol and Drug Abuse**

- *Alcohol and drug abuse in the United States cost more than \$136 billion in 1980 in reduced productivity, treatment, crime, and related costs.*

## Some Contributions Adolescents Make to Our Society

Obviously, adolescence can be a very difficult time for *some* people. Nevertheless the best evidence we have is that this is definitely not the case for the majority. The great majority of teens are living healthy productive lives, and are a wonderful asset to our country. Table 1.5 gives us a picture of the other side—of the behaviors of the large number who give valuable service to our society.

Table 1.5

## CONTRIBUTIONS OF TODAY'S ADOLESCENTS

Today (and every other day this year), teenagers are engaged in many kinds of activities that enrich their own lives and those of the people around them. Here are some examples:

- Join service-oriented clubs (e.g., Scouts, 4-H, Future Farmers of America)
- Become members of Junior Achievement
- Compete in athletic events
- Become hospital volunteers or aides
- Join Students Against Drunk Driving
- Teach other teens in a peer tutor program
- Counsel troubled teens on a "hotline" (telephone numbers which serve those at risk for substance, sexual, or physical abuse and/or those who contemplate suicide)
- Serve food in shelters for the homeless
- Volunteer at day care centers or health care facilities
- Deliver newspapers or work at fast-food restaurants, supermarkets, farms, or at other seasonal or parttime jobs

## Spending Habits of Typical Teens

Another way to look at today's adolescents is by examining the things they value. Later in this book we will take a closer look at values, but one indication of what is important to them is their spending habits. Today's youth have quite a bit more spending money than those of previous generations. In Table 1.6, we get a picture of how males and females spend their money.

Table 1.6

## WHERE THEIR MONEY GOES

<b>Boys</b>	<b>Spending per Week</b>	<b>Girls</b>	<b>Spending per Week</b>
Food, Snacks	\$10.10	Clothing	\$10.65
Clothing	\$6.19	Food, Snacks	\$6.50
Entertainment	\$4.35	Entertainment	\$3.45
Records/tapes	\$1.55	Cosmetics	\$3.35
Grooming	\$1.10	Records/tapes	\$1.80

Source: Rand Youth Poll.



As you might expect, throughout this book you will find tables and figures that reveal important data about adolescents. We have found that students who ask themselves questions about these tables and figures usually learn the science of adolescent development much better than those who don't. For example, what questions might you ask yourself about Table 1.1? Some examples would be, "In which age group (10–14 or 15–19) is there the most change? Why did this happen? What are the likely effects of its happening?" You might wonder about why, in Figure 1.1, the "baby boom" started when it did, or what the impact on our society has been of such a severe change in number of births. We hope you will try to get in the habit of asking questions about everything you read in this book. You will understand it better, and we think you'll enjoy the topic more.

Let us turn now from investigating today's adolescents to comparing them to those of previous eras. First we look to the perspective of history. What follows is a very brief summary of the ways adolescents were viewed in earlier times.

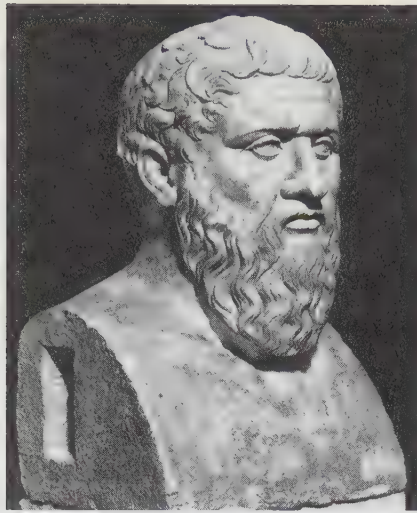
### WHAT WAS ADOLESCENCE LIKE IN THE PAST?

Can you guess in what century the following statement was made?

*I see no hope for the future of our people if they are dependent on the frivolous youth of today, for certainly all youth are reckless beyond words. When I was a boy, we were taught to be discreet and respectful of elders, but the present youth are exceedingly wise and impatient of restraint.*

This rather cranky statement was written by the Greek philosopher Hesiod in the eighth century B.C. It appears that teenagers were no more popular with civilization's earliest writers than they are with many people today. In what follows, we take you on a short excursion of the ways adolescents were viewed from ancient times to the present.

Before starting, there is one thing you need to understand. The idea that there are stages in life is a relatively new one, as you will see. Thus even when the ancients spoke of adolescence, they appear to have thought of it only as the time of puberty. Mental, personality, and spiritual traits of teenagers were not acknowledged. And adults do not seem to have liked them much, either.



Plato, the famous Greek philosopher, was one of the first to write about adolescents. He was very complimentary.

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## Ancient Times

Sophocles, another Greek philosopher and renowned teacher of the young, was no fan of adolescents. He wrote this in the fifth century B.C.:

*Our youth now love luxury. They have bad manners, contempt for authority; they show disrespect for their elders and love chatter in place of exercise. They no longer rise when others enter the room. They contradict their parents, chatter before company, gobble up their food and tyrannize their teachers.*

Socrates' best-known student, Plato, took a more positive stand. Plato's view of the lifespan held that childhood is the time of life when the spirit (meaning life values) develops, and so children should study sports and music. In the teen years, reasoning ability starts to mature, and so studies should switch to science and mathematics. In understanding this, he was definitely the exception to the rule.

For Plato's student, Aristotle, the teens are the years in which we develop our ability to choose, to become self-determining. This passage is not an easy one, however, and Aristotle felt it caused youth to be impatient and unstable, as is reflected in this quote from him:

*They are changeable and fickle in their desires, which are violent while they last, but quickly over. . . . They have exalted notions, because they have not yet been humbled by life or learnt its necessary limitation; moreover their hopeful disposition makes them think themselves equal to great things—and that means*

*exalted notions. . . . They love too much and hate too much, and the same with everything else. They think they know everything; and are always quite sure about it; this, in fact, is why they overdo everything.*

*Rhetoric*, Book 2, Chapter 12 (circa 300 B.C.)

## The Middle Ages

During the Middle Ages (roughly A.D. 400 to 1400), the concept of human development became extremely narrow. Klein (1990) describes just how narrow:

*People were either too young to be considered as adults, or else they were considered as adults. It is unlikely that children were treated by their parents in the loving, nurturing way that we now associate with childhood, because parents feared developing emotional attachments to young beings who might not live to see age ten or beyond. . . . Adulthood then, included those stages in one's life that today would be called childhood, adolescence and adulthood. Old age per se was essentially unknown in the Middle Ages, since people typically died by the age of 40 (p. 448).*

In this era, children came to be regarded as “miniature adults.” Philippe Aries, in his excellent book, *Centuries of Childhood* (1962), summarizes the views of medieval writers:

*In medieval society the idea of childhood did not exist; this is not to suggest that children were neglected, forsaken or despised. The idea of childhood is not to be confused with affection for children; it corresponds to an awareness of the particular nature of childhood, that particular nature which distinguishes the child from the adult, even the young adult. In medieval society this awareness was lacking. That is why, as soon as the child could live without the constant solicitude of his mother, his nanny or his cradle-rocker, he belonged to adult society (p. 128).*

Children rarely appear in paintings from those times, but when they do, they are always dressed in a younger version of their parents' clothes. It was generally agreed that the way to help them become mature adults was through strict, harsh discipline, so that they could overcome the natural evils of their childish personalities. This harsh view appears to be an accurate description of how youth was looked at in the period from the Romans to the Renaissance.

## The Age of Enlightenment

The Age of Enlightenment lasted from the 1600s to the early 1900s. The first century of this period saw no major change from the previous ones. For example, Hesiod's and Socrates' observations were echoed by William Shakespeare:

*I would there were no age between ten and three-and-twenty, or that youth would sleep out the rest; for there is nothing in the between but getting wenches with child, wronging the ancientry [elderly], and stealing, and fighting.*

This position lasted until the 1700s when Jean Jacques Rousseau argued forcibly through his book, *Emile*, that children and youth need to be free of adult rules so they can experience the world naturally. He believed most children to be like Native Americans, whom he referred to as “noble savages.” He believed that both groups are instinctively good, that children grow into kind and insightful adults just like the Native Americans if they are not corrupted by civilization.

In early America, this view did not gain much support. Life at that time was not easy, and everyone was expected to work hard, including children. Most youths worked on farms, but as the population grew, more and more went into apprenticeships in the cities.

In the nineteenth century, however, a dual pattern began to emerge. By the 1840s, America was clearly splitting into a large lower and middle class. For the lower class teenager, life consisted almost entirely of long hours of work. At that time, boys and girls made up almost 40 percent of the factory workers in the New England states. They went to work very early in the morning, and often worked 12- or even 14-hour days, taking only short breaks for breakfast and lunch. Many lived in boarding houses, and after their evening meal they went straight to bed to get rest from the totally exhausting day.

Jordan (1987) describes the situation:

*The hazards to children (working in factories) were many. The most obvious was the long hours which children worked. The second was that the Industrial Revolution had moved the child worker away from the family circle into the world of adult factory life. In that regard, the child worker conformed to the regimen prescribed for adults, including, at its extreme, night work. The conventions of the period saw little wrong with twelve-hour days for workers of all ages.*

Although the middle-class youths did not have to undergo this rigorous regime, their adolescence was also quite brief. It should be remembered that the average person did not live nearly as long as we do today, and so there was some urgency to get married and start bearing children.

In the latter half of the 1800s, the children of the poor continued in the old apprenticeship mold, but middle-class youth began to stay in school longer and longer. Then, beginning in the early 1900s, two important changes occurred. First, the technical demands of the Industrial Revolution called for more extensive education. Second, the reform movement by the “muckrakers” (people who tried to introduce stricter labor and compulsory education laws) made it possible for poorer children to stay in school.

## The Twentieth Century

Adolescence as we know it today may be said to have started with the beginning of **compulsory education**. Compulsory education refers to laws that require children to be in school between the ages of 6 and 16. It was instituted in part to make sure that children would be freed from the terrible conditions of the sweat shops. However, it must also be realized that part of the reason for this extended education was the business owners’ desire to make sure that poor children had the skills that they needed in the industrialized world. Another reason was to keep teens out of the work force, since industrialization



temporarily reduced the need for workers, and keeping teens in school prevented them from competing with adult workers. As children were required to stay in school longer, the control over their lives by adults who were not their parents also grew.

Another aspect of life in the new century was the increasingly humane treatment of criminals. This was especially true of our handling of juvenile delinquents, which led to the concept of **juvenile justice**. Until the twentieth century, teenagers who had committed crimes were treated no differently than adults. In 1899 the state of Illinois passed the first Juvenile Court Act, which stated that those 17 and under must be treated differently from adults. This act provided for special hearings, the confidentiality of records, and a separate jailing and punishment of youngsters.

The age of careful research also began at the turn of the century. At this time, those who were interested in understanding youth ceased *speculating* about adolescents and began actually to make careful *observations* of them. Here is an early example of such an observation, made by educator Irving King (1914):

*The girls are clearly beginning to look like young ladies, while the boys with whom they have thus far played on scarcely equal terms now seem hopelessly stranded in childhood. This year or more of manifest physical superiority of the girl, with its attendant development of womanly attitudes and interests, accounts in part for the tendency of many boys in the early teens to be averse to the society of girls. They accuse them of being soft and foolish, and they suspect the girls' whisperings and titterings of being laden with unfavorable comments regarding themselves (p. 12).*

As a stage in human development, adolescence became better established during the Great Depression of the 1930s. During this period, teenagers had to leave school to take on much needed jobs to support their families. Many of the same groups who were concerned about child labor (physicians, educators, social workers, and psychologists) now grew concerned about the well-being of adolescents.

It was not until the 1950s however, that adolescence really came into its own. Klein (1990) summarizes this trend:

*. . . Industrialization occurring during the late 1800s created the need for a stage of adolescence; the Depression created the legitimized opportunity for adolescence to become differentiated from childhood and adulthood; and the mass media influence/blitz of the 1950s crystallized this life stage by giving it a reality all its own. For the first time in history, teenagers then had their own music—which their younger siblings were too young and their parents too skeptical and/or repulsed (by the purported “dance and sex” connotations of the very term “rock and roll”) to enjoy—their own dances to accompany this music, their own movies, and even their own fads (p. 452).*

The first half of this century saw the creation of numerous theories about the nature of adolescence. The major ones will be described in the next chapter.



In conclusion of this brief excursion into the historical point of view, let us say that skepticism about the nature of adolescence in the Western world has not died in the second half of this century. As noted adolescent sociologist Edgar Friedenberg remarked in his book, *Coming of Age in America*:

*A great many young people are in very serious trouble throughout the technically developed world, and especially the Western world. Their trouble, moreover, follows certain familiar common patterns; they get into much the same kind of difficulty in very different societies (1967, p. 12).*

These historical views certainly offer a gloomy picture of youth. However, each of them suffers from the same critical flaw: they reflect *subjective opinion*, not scientific measurement, which offers a much more positive picture of youth.

This is not to say that subjective experience has no place in our considerations. For example, another reasonable way to look at adolescence is through the **retrospective accounts** of those who have lived through it. They are called “retrospective” because they involve a *backward* look at the period by a wide variety of individuals. What follows are some vignettes from the experiences of adults who were asked to “tell us of a typical incident from your adolescence.” As you read them, see if they help you clarify the meaning of adolescence.

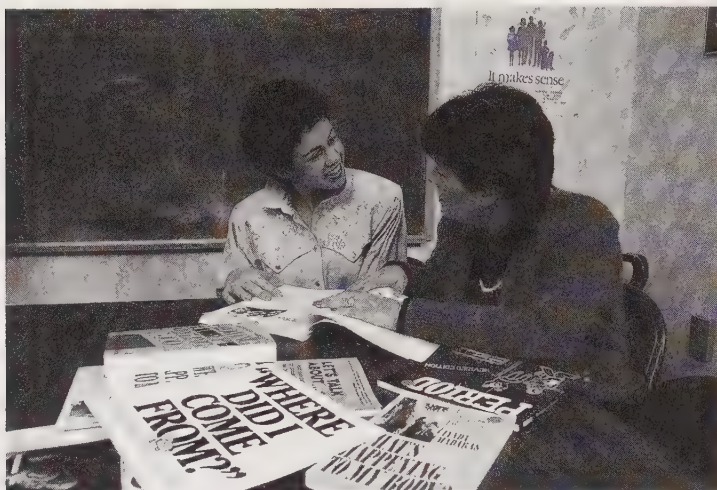
## Do Today’s Adults Remember Their Teen Years as Difficult?

**Betty, age 26:** I remember getting caught by my mother with one of my girl friends in the closet. We were 11. Well, we were exploring each other’s bodies—juvenile adolescent masturbating, I guess you’d call it. My mother just freaked out. She screamed, “What are you doing?” It was embarrassing.

We denied everything, and her whole reaction to the thing finally was to give me a pamphlet put out by the Tampax Company on “Your Growing Years.” She wouldn’t talk about it, though. She didn’t punish me—I don’t think she even told my father about it. I guess this must be just our secret.

**Juanita, age 53:** My life was dull when I was a teenager. The fifties were dull in general. I ran away from home—that I will admit to. I was 19 when my daughter was born in 1956.

I remember that in high school I made myself an outfit in sewing class: a pair of shorts and a middy top. That’s when I was thin; I looked jazzy. I went to the beach with my girlfriend Maria. Jimmy, the guy I was going with at the time, called my parents’ house and found out where I was. I was sitting on the beach smoking a cigarette when Jimmy came up from behind me and pulled the cigarette right out of my mouth. He said, “Don’t you ever, ever! Don’t you ever, ever act this way!” I should have married him. He tried to do a lot for me. I should have married him, but I played him along and I did him a lot of dirt.



Although sex education does exist in some of our schools, the teenage pregnancy epidemic and the surge of sexually transmitted diseases seem to indicate that something more or different is needed.

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**Tyrone, age 24:** At the end of junior high school, I was picked to be bussed from my home in the black community to go to an all-white suburban school. Many of the other kids treated me well, but quite a few were bigoted. Some yelled names at me, and got especially offended when I would get a right answer in class. They seemed to feel that it might be all right if I came to their school, but that I should keep my mouth shut.

I made it to the varsity of the school's basketball team, and played pretty well. *That* was accepted by just about everyone. In my senior year, I was on the first string. We had a great team and we made it to the state semifinals, which was exhilarating. Suddenly everybody was my buddy. I must admit that it was very exciting, but I couldn't help thinking that there were more than a few hypocrites among my "new friends."

**Glenn, age 41:** In my hometown, there were two distinct sections—the upper middle-class WASPs and the lower middle-class immigrants from Eastern Europe. At our high school, the two groups rarely mixed. I was a WASP and regularly dated a girl who was, too.

One Friday in my junior year, a bunch of us were riding in a bus to a nearby university to see a play. I was riding with my girlfriend, and across the aisle sat Elaine, a gorgeous Polish girl whom I had often admired from afar. To my surprise, she kept looking at me in a flirting way.

We got to the play half an hour early. While we were waiting, Elaine came up to me and asked if I would like to see a special place she knew of. It turned out to be a lovely garden. We stayed there talking for some time and were late for the play. The teacher yelled at us, but at least we got to sit together.

Throwing caution to the winds, I rode home on the bus with her. She turned out to be much less shy than I had thought. We had a pretty heavy necking session, and as we neared home, a powerful orgasm swept over me. I was amazed and confused, because I didn't think that could happen unless you touched yourself. When I got off the bus, I was ecstatic. This ended abruptly when my girlfriend came over to me. She glared at me, and though I couldn't be sure, I thought she could tell what had happened. She started to speak, but tears filled her eyes, and she quickly turned and left.

I didn't sleep that night. I soon learned the real cost of the ride. My friends were furious at me, and obviously Elaine's friends had gotten to her, because she never spoke to me again. My girlfriend did speak to me, but only to tell me what a rat I was and to get out of her life. Adolescence is a part of my life which I have no desire to relive!

**Eddie, age 21:** I was 14 when I first did a crime. Me and a friend were going to bust into this house, because he saw where the lady hid the backdoor key, but then he chickened out. I went in at two in the morning, and I was hardly even scared. I went into the bedroom and I remember I was excited to hear the people breathing. I grabbed all the stuff on the dresser and knocked over the lamp. The man jumped out of bed and grabbed me—he was strong as hell. I thought I had had it, but then I bit him hard on the arm and he let go. I beat it fast. I still held on to the jewelry, but when I took it to a guy the next day, he said it was all cheap junk. I still don't know if it was or not. I been in some trouble since then, but never again for busting into houses!

### *An Applied View:*

## GATHERING PERSONAL STORIES

Everybody has at least one personal story that comes to mind when they remember their adolescent years. These stories help us to get a clearer idea of what the teen years meant to our relatives and friends. Ask your parents, grandparents, aunts and uncles what they remember best when they think of their youthful years. Some of these stories will undoubtedly prove interesting and revealing to you. They might even be of interest to your friends or classmates.

**Carlos, age 37:** The incident I remember most vividly happened when I was in the eleventh grade. I guess every school has its arch radicals, and ours were Dan and Dolores, who went together. They were constantly making statements that infuriated everyone. We were together one night at a friend's house, and they were lecturing us about United States foreign policy. Everyone was making fun of their ideas, most particularly my girlfriend Sherene and me. Dolores had said something, I don't remember what now, and I made a sarcastic remark that made everyone laugh uproariously. She and Dan were very angry and stormed out of the gathering.



The next morning I was awakened at seven by a phone call from Dolores' mother screaming at me. "What have you people done to them?" Her voice was shrill with hysteria, and it took me several minutes to realize what she was saying. Dan and Dolores were dead. They had been found in Dan's car, parked in Dolores' garage. The garage door was closed and the running engine had asphyxiated them. It slowly became clear that Dolores' mother felt that I had somehow caused her daughter's death.

The next day, the official story was put out by her parents: The couple had been talking in the car, left the motor running to keep warm (it was winter), and they had fallen asleep and died there. I remember staring at Dolores' calm face as she lay in the casket, dressed in a lovely pink gown. I didn't know then and I don't know now whether her death was the result of a suicide pact or an accident, but the guilt that I felt that day is with me still!

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## WHAT'S YOUR VIEW?

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After so many years of seeing adolescence as tumultuous, there has been quite a turnaround among adolescent theorists in the last few decades. Is it that teens in Western societies have changed so much? Do they differ so much from teens in less industrialized societies? Maybe so.

In their study of Moroccan adolescence, Davis and Davis (1989) asked adults in that country what word they use for the teen years. They call it the "*age of taysh*," which means a time of recklessness and rash frivolous behavior. They certainly view adolescence as turbulent.

It could be that American adolescents is less tumultuous these days because our treatment of them better suits their needs. After all, it was not so many years ago that 13-year-olds routinely left school and went to work on farms and in factories, putting in 10- and 12-hour days, six days a week. They got married earlier, and immediately started having families (and in other countries, many still do today). It may be that this prevented them from fulfilling their needs, and that staying in school for much longer periods is better for them. Perhaps we are finding less turmoil in their lives because, on the average, their lives are happier.

On the other hand, many theorists now believe that the traditional view of a turbulent adolescence was tainted, because the more disturbed youth are always much more *visible*. Even in this book, which strives to present a balanced account of adolescence, you will read a lot about exceptional teens: those who are doing exceptionally well and those who have exceptional problems. This is so because we assume most of our readers need to know more about these teens so that they can deal with them successfully. Theorists hold that the average teen has never had a more tumultuous life than the average second grader or the average retiree, and that the more positive perception has been due to the tremendous increase in scientific research during recent years. What do you think?

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Although we hear a great deal about the tumultuous existence of the adolescent, research indicates that it is not very different from other periods of life. Most teenagers manage to become contributing members of society.

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We can see some of the major themes of adolescence in the previous episodes—sex, guilt, loyalty, parental conflict, friendship, confused values. Given the emotional intensity with which they are experienced, we can have no doubt that adolescence is *sometimes* a period of great upheaval. But because these vignettes are retrospective, it is likely that the events described are somewhat exaggerated in our memories. Thus such memories may reflect a rather biased picture of what youth was really like.

So what is the answer to our question? We can tell you that modern scientists disagree with the negative stereotype of adolescence. Today, it is safe to say, adolescence is viewed by the experts as being difficult at times, but probably no harder to live through than any other period of life.

Probably a big part of the problem, as revealed by more recent studies, is that adolescence has always been perceived as *one* stage. We now see that it must be viewed as at least two. In this book we will group studies into those of early adolescence (11 through 14 years old) and those of later adolescence (15 through 18 years old). This way, we can take a more specific look at what really goes on with these two quite different stages of life.



In summary, research sponsored by Carnegie Corporation (1990), a leading source of scientific information on this subject, led to the following conclusion:

*Most American adolescents come through the critical years from ages ten to twenty relatively unscathed. With good schools, supportive families, and caring community institutions, they grow to adulthood meeting the requirements of the workplace, the commitments to family and friends, and the responsibilities of citizenship. Even under less-than-optimal conditions for healthy growth, many youngsters manage to become contributing members of society (p. 1).*

In this book, we will try hard to reflect this diversity, even as we summarize the various traits of youth. Now let us turn to the third question we need to look at, "When does adolescence begin and end?"

## WHEN DOES ADOLESCENCE BEGIN AND END?

Which of these events would you say best marks the start of adolescent development?

- When girls begin to menstruate; when boys have their first ejaculation.
- When the level of adult hormones rises sharply in the bloodstream.
- When they first think about dating.
- When their pubic hair begins to grow.
- When girls are 10 years old; when boys are 11 1/2.
- When an interest in the opposite sex begins.
- When girls develop breasts.
- When boys' genitals enlarge.
- When they pass the initiation rites set up by society; for example, among Christians, confirmation; in the Jewish faith, bar mitzvah and bas mitzvah.
- When they become unexpectedly moody.
- When they turn 13.
- When they form exclusive social cliques.
- When they think about being independent of their parents.
- When they worry about the way their bodies look.
- When they enter seventh grade.
- When they can determine the rightness of an action, independent of their own selfish needs.
- When their friends' opinions influence them more than what their parents think.
- When they begin to wonder who they really are.

Although there is at least a grain of truth in each of these statements, they don't help us much in defining the starting point of adolescence. For example, although most would agree that menstruation is an important event in the lives of women, it really isn't a good

# THE MANY CONTRIBUTIONS ADOLESCENTS MAKE TO OUR SOCIETY

Throughout the news media, the problems of teenagers are emphasized. Those concerns are also reflected in this book, because addressing these problems is important to most of our readers. Those of us in the human services must be fully aware of the many dangers that lead adolescents into difficulty today.

This emphasis on problem behavior, however, may give the erroneous impression that most teenagers are in serious trouble. In fact, virtually all research studies indicate that the majority of teens are psychologically healthy. Adolescence is no more and no less a troublesome period of life than any other period.

This problem emphasis may also lead to inadequate recognition of the many valuable contributions of adolescents. This does a great disservice to teens and to the society as a whole. As adolescents learn of teen problems from newspapers, movies, and televisions, they may come to assume that such behavior is normal. This may create a self-fulfilling prophecy in which problem behavior becomes more acceptable. Adolescents need to be made aware of the many positive contributions made to society by those their age. Contrary to the negative images of adolescence, some data indicate that adolescent participation in service activities is increasing (Flint, 1993). Such participation can enable adolescents to feel good about themselves and develop positive identities, while helping others. The pictures on these pages and Table 1.5 on page 15 illustrate some of the varied contributions adolescents make.

TEENAGERS PROBABLY LEARN AS  
MUCH ABOUT THEMSELVES AS  
THEY DO ABOUT YOUNGER  
CHILDREN THROUGH  
EXPERIENCES AS SUMMER  
CAMP COUNSELORS.





TEENS WHO WORK IN A FAST-FOOD RESTAURANT MUST MOVE AND THINK QUICKLY TO MEET THE REQUIREMENTS OF THE CUSTOMERS.

TEENAGERS ARE BECOMING INCREASINGLY AWARE OF THE DANGERS OF DRUGS, AND MANY FEEL A STRONG NEED TO DO SOMETHING ABOUT IT.



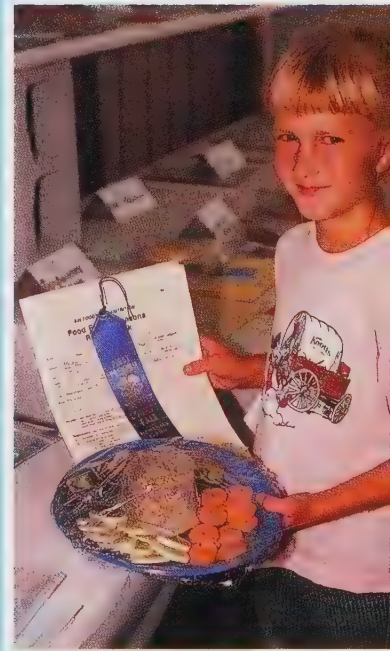
THIS BOY COLLECTING MONEY FOR THE HOMELESS IS ONE OF MANY WHO DEMONSTRATE A GROWING CONCERN FOR HELPING THOSE WHO ARE LESS FORTUNATE.





TEENAGERS HAVE A CLEAR INTEREST IN SAVING THE ENVIRONMENT FROM WASTE AND POLLUTION.

THROUGH ORGANIZATIONS LIKE THE 4-H CLUB, TEENS, LIKE THIS GIRL WHO WON FIRST PRIZE FOR HER BAKING, CAN GAIN A WIDE VARIETY OF SKILLS.



BOY SCOUTS PROBABLY TAKE ON FEW SERVICE ACTIVITIES MORE UNUSUAL THAN REPLANTING TREES ON A MOUNTAIN DEVASTATED BY VOLCANIC ASH, AS SEEN HERE ON THE SUMMIT OF MOUNT SAINT HELENS, WASHINGTON.

FOR MANY DECADES,  
ADOLESCENTS HAVE  
HELPED THE SICK,  
THROUGH THEIR ROLE  
AS CANDY STRIPERS.



ON THE FARM, BOYS AND GIRLS  
OFTEN TAKE ON ADULT  
RESPONSIBILITIES, MAKING  
LARGE AND NECESSARY  
CONTRIBUTIONS TO THE  
LIVELIHOOD OF THEIR FAMILIES.



SPORTS ACTIVITIES PROVIDE AN  
EXCELLENT OPPORTUNITY FOR  
YOUTH TO GAIN A BETTER  
UNDERSTANDING AND EMPATHY  
FOR OTHERS FROM DIVERSE  
BACKGROUNDS.





criterion for the start of adolescence. First menstruation (called **menarche** [pronounced "men ar' ka"]) can occur at any time from 8 to 16 years of age. We would not call the menstruating 8-year-old an adolescent, but everyone would agree that the nonmenstruating 16-year-old is.

Probably the most reliable indication is that point in time when there is a sharp increase in the production of the four hormones that most affect sexuality: progesterone and estrogen in females, testosterone and androgen in males. But determining this change would require taking blood samples on a regular basis, starting when youths are nine years old. Not a very practical approach, is it?

## WHAT'S YOUR VIEW?

In his book, *The Men from the Boys* (1988), Ray Rafeal makes the following statement:

*Traditional cultures throughout the world have often devised ways of dramatizing and ritualizing the passage into manhood and of transforming that passage into a community event. Through the use of structured initiation rites, these societies have been able to help and guide the youths through their period of developmental crisis. . . . Often, the trials a youth must endure are extreme.*

*Throughout their journey, the elders belabored them with firebrands, sticks tipped with obsidian and nettles. . . . They were beaten, starved, deprived of sleep, partially suffocated, and almost roasted. Water was forbidden, and if thirsty, they had to chew sugar cane. . . . All the time . . . the guardians gave them instructions about kinship, responsibilities, and duties to their seniors. At length, after some months, . . . the guardians taught their charges how to incise the penis in order to eliminate the contamination resulting from association with the other sex. A series of great feasts then took place, and the initiates emerged decorated.*

This is how the Busama youth in the highlands of New Guinea achieve adult respect. And what about in our culture? Here is one man's reaction today:

*I wish I had it that easy. Run through the fire, step on the coals—then it's over and done with. You're a man, everyone knows you're a man, and that's the end of it. For me it keeps on going on and on. The uncertainty of it—at any moment you could be out on the streets. It's all tied up with money. I've got to keep on fighting for money and respect. The fire never stops; I keep running through it every day (pp. 58–59).*

Are we lacking a public acknowledgement of adulthood? Do we need a ritual? How do we recognize a person worthy of adult respect? What does one need to master to achieve adulthood? What do you think?

*Reprinted from The Men From the Boys: Rites of Passage in Male America, By Ray Raphael, by permission of the University of Nebraska Press. Copyright © 1988 by the University of Nebraska Press.*

As for determining the endpoint of adolescence, that is not so easy either. But instead of looking at biological tests, you need to look at culture. Whether in the inner city in Detroit, a small village in Africa, or a suburban high school in Santa Paula, adolescence ends when youth are given access to and responsibility for adult activities. In one place or culture this could be age 15, in another age 25. To define the dimensions of adolescence, then, you need to know what activities are required of an adult in that culture. When do you think adulthood is achieved? Perhaps you might try making up your own list.

Clearly, identifying the age or event at which adolescence begins is not a simple matter. We will need to look at it much more closely, and from the standpoints of biology, psychology, sociology, and several other sciences in order to get a definitive answer, and we will do so in other chapters in this book. For the time being, let's say that adolescence begins for most of us at about 11 or 12 years old, and ends at about 19. Important exceptions to this chronological definition will be discussed later in the book.

In the next section, we will explore our fourth issue, concerning the best methods of studying adolescence. We will give you a brief summary of the techniques that have been used in this new scientific approach to the study of adolescence, together with actual examples of each.

## WHAT ARE THE BEST METHODS OF STUDYING ADOLESCENCE?

Today we use many approaches to understanding human behavior. Each has its strengths and weaknesses; none is completely reliable. Most developmental psychologists employ one of three data-collection methods: **descriptive studies**, **manipulative experiments**, and **naturalistic experiments**. In the first type, information is gathered on subjects without manipulating them in any way. In the second two, an experiment takes place before the information is gathered.

They also use one of four time-variable designs: **one-time, one-group studies**; **longitudinal studies**, **cross-sectional studies**, and a combination of the last two, called **sequential studies**. Each of these types of studies varies according to the effect of time on the results. Each of these aspects of research will now be described.

### Data-Collection Techniques

#### *Descriptive Studies*

**Descriptive studies** are quite common. Most are numerically descriptive: how many 12-year-olds think abortion is wrong versus the opinions on this subject of 17-year-olds; how much money the average 18-year-old woman has to spend per week; how many teenage pregnant girls were or were not using birth control; how positively or negatively a recent immigrant youth views his parents/school. Some descriptive studies ask people their opinions about themselves (called **self-report studies**) or about other people, using interviews or questionnaires. Other studies describe people simply by counting the number



The case study approach, in which one person is studied in great depth, is one of several methods used to better understand adolescent development.

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and types of their behaviors (called **observational studies**). A third type, **case studies**, presents data on an individual or individuals in great detail, in order to make generalizations about a particular age group.

An example of the case study approach is Mack and Hickler's *Vivienne: The Life and Suicide of an Adolescent Girl* (1982). After Vivienne's death, the researchers obtained the family's permission to read her diary, poems, and letters. They also interviewed her relatives, friends, and teachers in order to shed light on her thinking as she came closer and closer to committing this tragic act. Although their findings may explain the suicide only of this one person, their hope was to discover the variables that cause such a decision. Many of the best theories about adolescent life have been based on detailed case studies of small numbers of teens.

Many descriptive studies are done as **correlational studies**. These look at the relationship between two variables. Variables are traits that vary among individuals, such as height and intelligence. If we should find that the correlation between these two variables is high, then we know that the taller a person is, the higher the intelligence is. In fact, the correlation is low; that is, knowing a person's height tells us nothing about the



intelligence. Suppose we wanted to know what the correlation is between height and weight in pre-adolescent boys and girls. If we found that the correlation is higher for the girls, we would expect that height and weight are more closely related than they are in boys.

Descriptive studies have the advantage of generating a great deal of data. Because the sequence of events is not under the observer's control, however, causes and effects cannot be determined. For example, just because we know that mothers who give their babies a lot of attention have happier children does not mean that attention causes happiness. It could be that happy babies cause their mothers to want to give them more attention. It could be the mother has a gene that makes her more likely to give attention and, when inherited by her child, makes it more likely to have a pleasant disposition. Knowing that attention and happiness are highly correlated does not tell us for certain that the one causes the other. It might, but we just cannot tell from descriptive research.

### *Manipulative Experiments*

If well-designed, **manipulative experiments** can answer our questions about causation. In the quest for the causes of behavior, psychologists have designed many experiments. In these, they attempt to keep all variables (all the factors that can affect a particular outcome) constant except one, which they carefully manipulate. It is called a **treatment**. If there are differences in the results of the experiment, they can be attributed to the variable that was manipulated in the treatment. The experimental and control subjects must respond to some measuring instrument (e.g., a test, a questionnaire, a measure of heart rate) selected by the investigator in order to determine the effect of the treatment. Figure 1.3 illustrates this procedure.

E is the experimental group and C is the control group, which receives no special treatment. X stands for the treatment and b and a refer to measurements done before and after the experiment. There must be no differences between the two groups, either before or during the experiment (except for the treatment). Otherwise, the results remain questionable.

An example would be Dacey's study (1993) in which two similar groups of eighth-graders were randomly selected from all those in two inner-city middle schools. One group was given the treatment, a series of 14 lessons in self-control, while the other

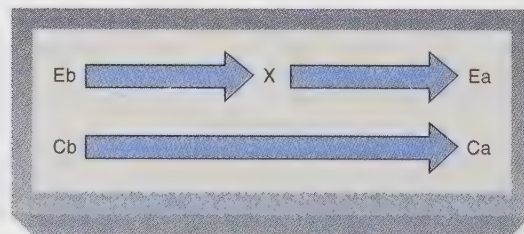


Figure 1.3 The classic experiment.

group studied the traditional curriculum. At the end of this experiment, both groups were observed to see whether there is any decrease in pregnancy, drug use, or dropping out of school. Since the experimental group did significantly better in terms of these criteria, we can assume that the 14 lessons in self-control were effective.

Though they often can lead us to discover the causes of human behavior, there are problems with manipulative experiments. How do you know that you will get the same results if you do the experiment a second time? Was the treatment similar to normal conditions? Do subjects see themselves as special because you picked them and thus react atypically? For these reasons, researchers often rely on naturalistic experiments.

### *Naturalistic Experiments*

In **naturalistic experiments**, the researcher acts solely as an observer and does as little as possible to disturb the environment. “Nature” performs the experiment, and the researcher acts as a recorder of the results. (*Note:* Don’t confuse these with descriptive studies that are done in a natural setting, such as a park; they are not experiments.) An example of naturalistic experiments is the study of the effects of the northeast blizzard of 1978 (Nuttall & others, 1980). They compared reactions of adolescents and their parents whose homes were destroyed to those who lived in the same area, but whose homes luckily suffered only minor damage.

Naturalistic experiments often increase our chances of discovering causes and effects in real life settings. The main problems with this technique are that it requires great patience and objectivity, and it is usually impossible to meet the strict requirements of a true scientific experiment.

## Time-Variable Designs

### *One-Time, One-Group Studies*

As the name implies, **one-time, one-group studies** are studies carried out only once on one group of subjects. For example, suppose we want to find out how a group of 16-year-old African-American boys feels about premarital sex right now. We would present that group of teens with a questionnaire on the subject of premarital sex. This would be a one-time, one-group study. This type of study has many uses, but also has several serious weaknesses. It cannot tell us about the effects of culture or gender, because it only examines boys of one race. It cannot tell us the effects of **age cohort** (age cohorts are groups of people born at about the same time), because it only studies subjects of one age. Finally, it cannot tell us about changes among the boys due to growing older, because it only studies them at one point in time.

### *Longitudinal Studies*

The **longitudinal study**, which makes several observations of the same individuals at two or more times in their lives, can answer important questions. Examples are: determining the long-term effects of learning on behavior; the stability of habits and intelligence; and the factors involved in short- and long-term memory.



Although much of childhood behavior disappears by adulthood, there has long been a suspicion that some adult traits develop steadily from childhood and remain for life. In his search for such stable characteristics, Benjamin Bloom in his classic work, *Stability and Change in Human Characteristics* (1964) notes that the development of some human characteristics appears visible and obvious, while that of others remains shrouded in obscurity. The following are three growth studies in which more than 300 persons have participated for over 30 years.

1. *The Berkeley Growth Study*, begun in 1928, was designed to study the mental, motor, and physical development of a sample of full-term healthy babies.
2. *The Guidance Study* took youngsters born in 1928 and 1929 and began to study them at twenty-one months of age. The aim was to study physical, mental, and personality development in a normal group.
3. *The Oakland Growth Study* of 200 fifth- and sixth-graders was designed to study many interrelations between developmental changes and behavior. The investigators tried to discover whether developmental changes affect an adolescent's potential.

One of the longitudinal growth studies most often quoted is that of the Fels Research Institute (Kagan and Moss, 1962). The subjects were 45 girls and 44 boys, all white, whose personality development was traced from birth through early adulthood. The investigators conducted extensive interviews with both the children and their parents. Among the particular techniques used were:

- *Personality tests* given at regular intervals. The child was asked to react to a picture (the Thematic Apperception Test) or to a design such as a Rorschach inkblot. Trained persons analyzed responses for clues revealing personality, including motives, attitudes, and problems.
- *Observation of the mother* in the home with the child present, and also annual interviews with the mother.
- *Measurement of the intelligence* of both the mother and the father, using the Otis IQ test.
- *Regular observation of the child's behavior* in the home, in school, and at day camp. The child was also interviewed by workers.

Kagan and Moss summarize the obvious advantages of the longitudinal method when they note that it permits the discovery of lasting habits and of the periods in which they appear. A second advantage is the possibility of tracing those adult behaviors that have changed since early childhood.

However, there are many problems with longitudinal research. It is expensive and often hard to maintain because of changes in availability of researchers and subjects. Changes in the environment can also distort the results. For example, if you began in 1960 to study changes in political attitudes of youth from 10 to 20 years of age, you would probably have concluded that adolescents become more and more radical as they grow older. But the war in Vietnam would surely have had much to do with this finding. The results of the same study done between 1970 and 1980 would probably not show this radicalizing trend.

## Cross-Sectional Studies

**Cross-sectional study** is a method that compares groups of individuals of various ages at the same time, to investigate the effects of aging. For example, if you want to know how creative thinking changes or grows during adolescence, you could administer creativity tests to groups of 10-, 12-, 14-, 16-, and 18-year-olds, and check on the differences of the average scores of the five groups. Jaquish and Ripple (1980) did just this, but their subjects ranged in age from 10 to 84!

As with each of the others, there is a problem with this method, too. Although the effects of cultural change can be minimized by careful selection, it is possible that the differences you may find may be due to differences in age cohort, rather than maturation. Thus, each cohort has had different experiences throughout its history, and this can affect the results as well as the actual differences in age. Figure 1.4 compares these two approaches.

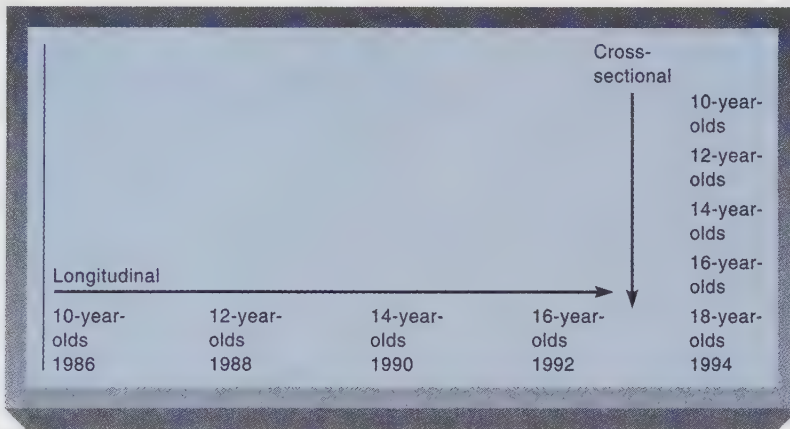


Figure 1.4 Comparison of the longitudinal and cross-sectional approaches.

## Sequential (Longitudinal/Cross-Sectional) Studies

When a cross-sectional study is done at several times with the same groups of individuals (such as administering creativity tests to the same five groups of youth, but at three different points in their lives), the problems mentioned before can be alleviated. Figure 1.5 illustrates such a **sequential study**. Although this type of research is complicated and expensive, it may be the only type that is capable of answering important questions in the complex and fast-changing times in which we live.

Figure 1.6 shows how each of the data-collection methods may be combined with each of the time-variable designs. For each of the cells in this table, a number of actual studies could serve as examples. Can you see where each study mentioned in this section would go?

Creativity Test			
Test I	Test II	Test III	
March 4, 1988	March 4, 1990	March 4, 1992	
Group A (12 years old)	Group A (14 years old)	Group A (16 years old)	Mean score: Group A
Group B (14 years old)	Group B (16 years old)	Group B (18 years old)	Mean score: Group B
Group C (16 years old)	Group C (18 years old)	Group C (20 years old)	Mean score: Group C
Mean score: 1988	Mean score: 1990	Mean score: 1992	

Figure 1.5 An example of a sequential study.

Time-Variable Designs	Data-Collection Techniques		
	Descriptive	Manipulated	Naturalistic
One-time, one-group			
Longitudinal			
Cross-sectional			
Sequential			

Figure 1.6 Relationships of data-collection techniques and time-variable designs.

## CONCLUSIONS

Answering the question of what adolescence is like today is not as simple as it may at first appear. There are many important differences among the members of the age group from 11 through 18 years old (as we define the period). Historical evidence suggests that from ancient times the parent generation has feared that their adolescent children were more unruly and less reasonable than *they* were in their youth. In line with this traditional view, some researchers suggest that it is normal for adolescents to be in a state of turmoil much of the time. Many others, however, find the majority of teenagers to be well-balanced, reasonably happy, and quite pleasant to work with.

The successful completion of the developmental tasks of adolescence is critical to the young person's future life. Supportive parents, good schools, and a caring community provide the best insurance of healthy growth and a competent entry into young adulthood. However, many teenagers who lack some or all of these advantages nevertheless are able to accomplish a successful journey through adolescence.

Some adolescents do have serious problems that may affect both their personal lives and the society as a whole for many years. Teenage pregnancy and childbearing is an example of this, as it impacts the girl and boy involved, their child, both of their families, and the common need for state financial support in such cases.

It has only been within the present century that coherent theories of adolescent development have been formulated. Scientific methods must be used to verify or refute all aspects of such theories. Only evidence gathered in the real world and carefully analyzed can tell us whether or not theories are correct.

The chapters that follow will take a much closer look at the major theories, the studies of specific aspects of adolescent life, and the advice of experts in the field. The usefulness of this information for those who wish to work with teenagers will be explained, as well as how it pertains to the several cultures of which our society is made up. We believe that when you have a solid understanding of this material, you will find yourself in an excellent position to understand and interact with adolescents successfully.

## CHAPTER HIGHLIGHTS

### What Is Adolescence Like Today?

- There are fewer adolescents in the 1990s than there used to be, and they make up a smaller proportion of the total population.
- Today's teens are faced with many serious problems, but most manage to avoid them, and make valuable contributions to our society.
- Today's adolescents have more spending money than those of previous generations.
- Thinking back on your own adolescence can help you to have a deeper understanding of today's teenagers.
- It was once commonly believed that the teen years were a carefree time of fun and exploration; some now believe that adolescence is the most difficult of all life stages.
- Most experts, however, state that the majority of adolescents are happy and productive members of their families and communities.

### What Was Adolescence Like in the Past?

- In ancient times, some philosophers believed that youth were frivolous and irresponsible, while others emphasized their growing intellectual skills and self-sufficiency.
- From the Middle Ages until the start of the twentieth century, strict discipline was believed necessary to force young people to take on adult responsibilities as early as possible.
- Two early twentieth century concepts changed our view of adolescence: compulsory education and juvenile justice.
- Theories of adolescence as a separate life stage (and studying it with careful observation) also came into existence in the early twentieth century.

### When Does Adolescence Begin and End?

- There is no general agreement about what marks the beginning and ending of adolescence.
- Physical, intellectual, social, and emotional factors all enter into the process of defining adolescence.
- In contrast to our own, some primitive societies have rites of passage which clearly mark the entry into adulthood.



## What Are the Best Methods of Studying Adolescence?

- The methods of data collection include descriptive studies, manipulative experiments, and naturalistic experiments.
- There are four major time-variable research designs, each with its advantages and disadvantages.

### KEY TERMS

Age cohort	31	Longitudinal studies	28, 30	One-time, one-group studies	28, 31
Case studies	29	Manipulative experiments	28, 31	Retrospective accounts	21
Compulsory education	19	Menarche	27	Self-report studies	28
Correlational studies	29	Multicultural diversity	7	Sequential studies	33
Cross-sectional studies	28, 33	Naturalistic experiments	28, 31	Stereotype	4
Descriptive studies	28	Observational studies	29	Treatment	30
Juvenile justice	20				

### WHAT DO YOU THINK?

1. In your opinion is adolescence today harder than other periods of life to live through, or easier, or about the same?
2. How does adolescence today compare to your parents' teen years? Your great-great-grandparents' teen years?
3. What is the single most important sign that adolescence has started? Does gender make a difference? Race? Nationality?
4. Why has Western history treated teenagers so negatively?
5. Of all the techniques for doing research described in this book, which is the best one? Why?
6. What are some things you could do to help adolescents to better understand the causes of their own behavior?

### SUGGESTED READINGS

- Davis, J. (1991). *Checking out the moon*. New York: Orchard. This book about a teen who is dealing with her parents' divorce manages to include several other adolescent crises: leaving home, confronting cultural diversity, helping someone deal with being raped. This is an insightful book by an author who understands.
- Golding, W. (1962). *Lord of the flies*. New York: Coward McCann. This tale of a group of teenaged boys whose plane crashes on a Pacific island, killing the adults, is *must* reading. You watch the clash of their values as they wend their way to the shocking ending.
- Murry, V. M. (1990). *Black adolescence*. Boston: Hall. An annotated bibliography of the major current issues affecting African-American teens today.
- Wright, R. (1945). *Black boy*. New York: Harper & Row. The haunting autobiography of the novelist's adolescence in the Deep South. Its insights are entirely relevant to today's world.



# c h a p t e r

# 2

*T* rue, my theory is no longer accepted, but it was good enough to get us to the next one!

*Donald Hebb (whose theory of intelligence was popular in the 1940s)*

## GENERAL THEORIES OF ADOLESCENCE: *An Overview*

What Theories Do

The Biopsychosocial Causes of Change

G. Stanley Hall's Theory

Sigmund Freud's Theory

*Defending the Unconscious Mind*

*Convergence of the Personality*

*The Developing Personality*

*Anna Freud's Contribution*

*More Recent Psychoanalytic Views of*

*Identities*

*John Benninger's and Margaret Mahler's Theory*

Albert Bandura's Theory

Robert Havighurst's Theory

Abraham Maslow's Theory

Erik Erikson's Theory

John Coleman's Theory

*Conclusions*

Chapter Highlights

Key Terms

What Do You Think?

Supplemental Readings

The purpose of Chapter 2 is to continue your introduction to the science of adolescent psychology, in this case through describing the ideas of several well-known theorists. We will explain how theories assist us to a clearer understanding of adolescent psychology. Brief summaries of the theories of eleven major theorists are presented, with the position of each on the **biopsychosocial** causes of adolescent behavior.

As a result of having read this chapter, you should be able to:

- Describe the purposes of theory-making and the relationships of theory to three other aspects of science.
- Explain biopsychosocial causes.
- List G. S. Hall's four stages of development.
- Itemize Freud's stages of development, together with his concepts of the functions and constructs of the human psyche. Also, explain how his daughter Anna's ideas augment his theory, as well as the more recent view of Peter Blos.
- Show how Ruth Benedict's and Margaret Mead's research disputed the biological explanation of adolescent behavior.
- Describe the contributions of Albert Bandura, Robert Havighurst, and Abraham Maslow to adolescent psychology.
- Detail the special importance Erik Erikson's psychosocial theory has for adolescence.
- Explain John Coleman's focal theory.
- Discuss these issues from an applied, a multicultural, and your own point of view.

## WHAT THEORIES DO

For many people, the word *theory* means someone's guess about why something happens. For example, Bob might say, "It's my theory that Joe quit the team because he thinks we don't like him." Used in a textbook, *theory* often makes readers think of complicated arguments between experts—"Highbean's theory disagrees with Numbskull's, in that. . . ."

In this book, we use the word differently. We believe theories are essential in psychology and serve several vital functions. Good theories:

- Are helpful tools for organizing a huge body of information. The published studies on adolescence number in the thousands. The results of these findings would be incomprehensible unless they were organized in some meaningful way. A theory is a shorthand description of this complexity. It forms a framework of "pegs" on which we can hang similar kinds of research findings.
- Help to focus our search for new understandings. They offer guideposts in our quest for the truth about the complicated human body and mind and their development.
- Not only describe findings, but also explain how they may be interpreted and judged. Theories offer building blocks that can help us to understand which facts are important, and which conclusions to accept.

- Draw attention to major disagreements among scholars and scientists. By making these differences clearer, they offer testable ideas that can be confirmed or refuted by research. There can be different interpretations of the same facts. This can be confusing, but it is important that you learn to recognize these differences and draw your own conclusions.

Theories do not stand alone—they are related to other aspects of science. At the basic level of all the sciences is *empirical research*. For social science, of which adolescent psychology is a part, empirical research means studying real people under carefully arranged conditions. From this research, scientists form constructs. A **construct** is an idea about some particular aspect of the human being. The ego and intelligence are two examples. Neither the ego nor intelligence are actual things—we cannot open up a brain and point to them—rather, they are concepts that we have created to explain functions of our personality (the ego) and of our minds (intelligence). Actually, even personality and mind are constructs, too. It is *useful* to have these constructs, but we cannot truly observe them.

Constructs are used to build theories. A theory is a system of ideas (as we said above) that attempts to explain research findings by showing how the constructs are related. The ultimate goal of this process is to produce greater *understanding* of how and why humans think, feel and behave as we do. Figure 2.1 illustrates how these four factors of social science interact with each other.

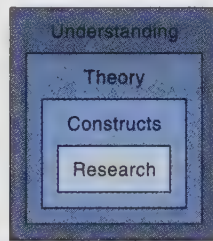


Figure 2.1 The four aspects of social science, and how they relate to each other.

## THE BIOPSYCHOSOCIAL CAUSES OF CHANGE

All theorists agree that humans change over time, and that there are biological, psychological, and social causes of this development. They differ, however, on the *emphasis* they put on each of these three factors. Depending on how they think about human nature, they view change being caused mainly by one of the following:

- *Biological causes.* The genes are the major factor in our development from one discrete stage of life to the next. Change tends to be rather abrupt.
- *Psychological causes.* Changes in the personality and/or intellect are behind our development through life. Change depends on the way these internal states mature.

- *Social causes.* Development depends greatly on what is happening in our environment. Because so many things happen in the course of our lives, change tends to be a gradual, everpresent process.
- *Some combination* of two or three of these factors.

We have designated each of the theories that follow as belonging to one of these four “camps” by capitalizing some of the letters in the word *biopsychosocial*. As we said in Chapter 1, all adolescent theorists agree that all these factors—biology, psychology, and social environment—play a role in human development. Therefore, by capitalizing the part of biopsychosocial emphasized by the theorist, we show that each theory acknowledges the whole person, but gives more importance to one part than another.

In the sections that follow, we will describe theories that have been considered the most comprehensive in the field of adolescent psychology. There are several other highly regarded theories that might have been included, but these pertain mainly to specific aspects of the mind. Jean Piaget (cognition); Lawrence Kohlberg and Carol Gilligan (morality); and Mary Belenky, William Perry, and Robert Selman (social cognition) are examples. These theories will be considered in detail later in this book.

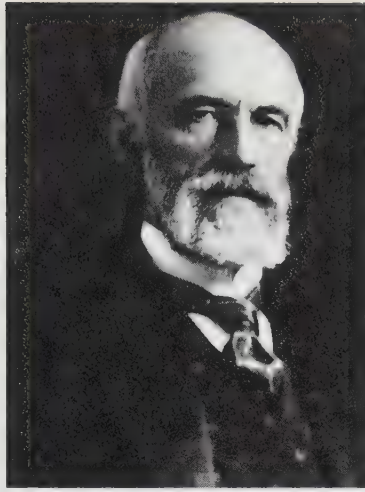
## G. STANLEY HALL’S THEORY [BIOpsychosocial]

G. Stanley Hall (1844–1924) is known as the father of adolescent psychology. Building upon Charles Darwin’s ideas about evolution, Hall constructed a psychological theory of teenage development. It was published in two volumes and entitled *Adolescence* (1904).

Hall posited four discrete periods of development, which he felt correspond to the four lengthy stages of development of our species: infancy/animal; childhood/anthropoid (humanlike apes); youth/half-barbarian; and adolescence/civilized.

- *From birth to 4 years.* In this stage children recapitulate the animal stage in which mental development is quite primitive. Sensory development is the most important aspect of this period, together with the development of sensorimotor skills.
- *From 4 to 8 years.* Hunting and fishing, using toy weapons, and exploring caves and other hiding places were common activities of childhood for boys at the turn of the century, but not for girls. Language and social interaction begin to develop rapidly, as they did during the nomadic period of the human race.
- *From 8 to 12 years.* This period corresponds to the more settled life of the agricultural world of several thousand years ago. This is the time when children are willing to practice and to discipline themselves; this is when routine training and drills are the most appropriate—especially for language and mathematics.
- *From 12 to 25 years.* **Storm and stress** (emotional upheavals) typify human history for the past 2,000 years. The same is true for youth. Adolescence is a new birth, for now the higher and more completely human traits are born.





G.S. Hall was the first American to publish research on the teen years, with his book *Adolescence* (1904).

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Hall believed that each person's development passes through the same four stages the human species has. He thought that all development is determined by our genes. Development occurs in an unchangeable, universal pattern, and the effects of the environment are minimal. For example, Hall argued that some socially unacceptable behavior in children, such as fighting and stealing, is inevitable because it is rooted in our biology (genes). He urged parents to be lenient and permissive, assuring them that children must have this catharsis, and that when they reached the later developmental stages, these behaviors would simply drop out of existence.

He was a strong preacher against what he viewed to be teenage immorality, and was especially concerned that educators try to stamp out the plague of masturbation, which he considered to be running rampant among male youth.

Hall made a major point of the "contradicting tendencies" of adolescence—the experience of violent mood swings, which he felt tended to make youth more human. Some of the turbulent variations he noted are:

- Energy and enthusiasm vs. indifference and boredom
- Gaiety and laughter vs. gloom and melancholy
- Vanity and boastfulness vs. humiliation and bashfulness
- Sensitivity vs. callousness
- Tenderness vs. cruelty

Hall felt that the development of most human beings stopped short of this adolescent stage, in which appreciation of music and art are achieved. Most people seemed fixated at the third stage, in the dull routine of work. A social reformer, Hall believed that



adolescence is the only period in which we have any hope of improving our species. He felt that placing teenagers in enriched environments would improve their genes, which their children would then inherit. Hence we could become a race of "superanthropoids."

Most psychologists today argue that in this theory, we have an interesting but quite inaccurate picture of human social development. They believe Hall tried to force reality to fit an outmoded conception of evolutionary development. However, he was not alone. He shared the beliefs of turn-of-the-century social philosophers in Europe and America who assumed the evolutionary superiority of the civilization of the white man, or more specifically, the Anglo-Saxon male. His theory is considered wrong for several reasons: While it may have described white American and European children of the early 1900s to some degree, it does not coincide with our knowledge of them today. Although the majority of youth in his time may not have had much appreciation for civilized culture, this was clearly due not to genetic imperfections, but to such factors as having been forced to leave school to work on the farm. In addition, Hall's belief that changes can be passed on from one generation to the next through the genes is seen as scientifically false.

His theory most particularly does not present a true picture of adolescence. Since Hall looked only at American culture, and since most individuals in the culture did develop similarly, he mistakenly thought that genes were responsible for this similarity. Later studies of other cultures have shown wide differences in developmental patterns.

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### WHAT'S YOUR VIEW?

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Although he was prejudiced, Hall is hardly the only adolescent psychologist who can be accused of bias in his thinking. In a fascinating study recently published, Enright and others (1987) looked at 89 articles on adolescence published during two economic depressions and two world wars to see if these events had an influence on research. The results were striking:

*In times of economic depression, theories of adolescence emerge that portray teenagers as immature, psychologically unstable, and in need of prolonged participation in the educational system. During wartime, the psychological competence of youth is emphasized and the duration of education is recommended to be more retracted [shorter] than in a depression (p. 541).*

Is it likely that youth were viewed as immature during depressions in order to keep them from competing with adults for scarce jobs, and that their maturity is seen as greater during wartime because they are needed to perform such adult tasks as soldiering and factory work? If so, is this bias conscious or unconscious? What do you think?

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The central conception of adolescence as a period of storm and stress, rebellion, and sexual conflicts began with Hall; he saw struggle as adaptive. Such sweeping generalizations have not held up when it was discovered that most young people in other cultures

do not seem to be in rebellion, especially in those cultures that adhere to familial, cultural, and religious value systems. This idea, although refuted by research (see section on Mead and Benedict), lives on as a cultural stereotype.

Although Hall is to be admired for his efforts to bring objectivity to adolescent psychology through the use of empiricism, it has been suggested that he had several personal agendas of his own.

## WHAT'S YOUR VIEW?

As Stanley Hall reported in his book, *Life and Confessions of a Psychologist* (1923, 1951), sex was considered “dirty” when he was a child. He was taught that touching his genitals was a sin. He was particularly affected by a story his father told him about a boy who masturbated and had sex with women. According to the story, the boy caught a disease that ate away his nose and turned him into an idiot. For years after that, Hall would touch his nose to make sure it was all right whenever he would get sexual feelings.

Throughout his adolescence and even into his college years, Hall was haunted by guilt feelings about his sexual responses. He even resorted to putting bandages on himself to prevent an erection from occurring during his sleep. He went so far as to consult a doctor about his “hang-up.” He believed that these guilt feelings played a major role in the religious conversion that he experienced during his sophomore year. It was only in later years that he came to understand that his adolescence was completely ordinary. Do you suppose that these experiences account for his motivation to study and write about this stage of life?

As you read the other theories in this chapter, see if you can spot any biases in them.

## SIGMUND FREUD'S THEORY [BIOPSYCHOsocial]

In more than one hundred years of psychological research, it is impossible to think of anyone who has played a larger role than Sigmund Freud (1856–1939). Even his most severe critics admit that his theory on the development of personality is a milestone in the social sciences. In fact, many people mistakenly think **psychoanalysis**, the name he gave to his theory, is the same as psychology.

Probably because of his experiences as a medical doctor, Freud doubted the reliability of people's testimony about themselves. He also distrusted behavior as a source of the truth. For him, the unconscious mind is the key to understanding the human being. It is here that the most important motives and values reside. Because many of the ideas in the unconscious are primitive, they are not acceptable to the conscious mind. For example, if an adolescent girl is furious with her mother, she may not be able to acknowledge it because she is not supposed to hate her mother. Only bad people do that.

# Defending the Unconscious Mind

Freud believed that important information in the unconscious is kept from awareness by an array of **defense mechanisms** (Gay, 1988). These are unconscious attempts to prevent awareness of unpleasant or unacceptable ideas. Table 2.1 presents descriptions of some of the most common of these.

Table 2.1

## SOME COMMON DEFENSE MECHANISMS

Repression	Unconsciously forgetting experiences that are painful to remember. Example: forgetting sexual abuse experiences.
Compensation	Attempting to make up for an unconsciously perceived inadequacy by excelling at something else. Example: learning to play the guitar if unable to make the basketball team.
Rationalization	Believing that a condition that was contrary to your desires is actually what you had wanted all along. Example: being glad the trip was cancelled because it would have been boring anyway.
Introjection	Adopting the standards and values of someone with whom you are afraid to disagree. Example: joining a gang.
Regression	Reverting to behaviors that were previously successful when current behavior is unsuccessful. Example: crying about getting a low grade in school with the subconscious hope that the teacher will change the grade.
Displacement	Expressing strong feelings about a certain person to someone less powerful. Example: yelling at your sister when angry at your teacher.
Sublimation	Making up for unfulfilled sexual drives by engaging in some creative pursuit. Example: seeking to be a fine artist.

Source: Dacey, 1986.

## Constructs of the Personality

Freud divided the mind into three constructs: the **id**, the **ego**, and the **superego**. These constructs appear at different stages of the young child's development:

*The Id.* This construct is the only one present at birth. It contains all of our basic instincts, such as our need for food, drink, dry clothes, and love. It is the simplest of the structures, operating only in the pursuit of pleasure.

*The Ego.* The ego is the central part of our personality, the (usually) rational part that does all the planning. It keeps us in touch with reality. It begins to develop from the moment of birth. For instance, a baby boy learns to cry loudly if he wants his mother, and not to stop until she comes. This is the beginning of an ego.

Defense mechanisms function to protect the conscious mind from the truth. They distort the realities that we find too painful to face. Because they mislead us, and because they require spending a lot of energy that could better be spent elsewhere, many psychologists feel we should try to eliminate them if possible. Others argue that (especially for teens), some truths are just too painful to face, and that therefore, at least in the short run, defense mechanisms are useful. They say that most adolescents go through difficult periods (e.g., breaking up with a first love), and that during these periods, defense mechanisms can provide a beneficial buffer for a vulnerable self-image. There will be time enough later to “face the music” of reality. What do you think? Can you recall an instance in your adolescence when you used one of the common defense mechanisms to hide the “truth”?

The ego is necessary so that we can learn to live in the real world. The stronger the ego becomes, the more realistic and the more successful the person is likely to be.

*The Superego.* Throughout infancy, we gain a clearer and clearer conception of what the world is like. Then, toward the end of the first year, our parents and others begin to teach us what they believe it should be like. They instruct us in right and wrong, and expect us to begin to behave according to the principles they espouse. This is the beginning of the superego and also the beginning of the never-ending battle between the desires of the id and the demands of the superego. The main job of the ego is to strive unceasingly for compromises between these two “bullies.”

## The Developing Personality

For Freud, development means moving through five instinctive stages of life, each of which he assigns to a specific age range. Each is *discrete* from the others. Each stage has a major function, based on an erogenous zone, and unless this pleasure center is stimulated appropriately (not too much, not too little), the person becomes **fixated** (stuck at that stage), and is unable to become a fully mature person. The five stages are:

- *The oral stage (0 to 1 1/2 years old).* The oral cavity (mouth, lips, tongue, gums) is the pleasure center. Its function is to obtain an appropriate amount of sucking, eating, biting, and talking.
- *The anal stage (1 1/2 to 3 years old).* The anus is the pleasure center. The function here is successful toilet training.
- *The phallic stage (3 to 5 years old).* The glans of the penis and the clitoris are the pleasure centers in this stage and in the two remaining stages. That he named this stage the phallic stage reveals Freud's male bias. He deftly ignored half the



population! (Horney, 1967). The major function of this stage is the healthy development of sexual interest. This is achieved through masturbation and an unconscious sexual desire for the parent of the opposite sex. Resolution of the conflicts caused by this desire (called the “Oedipal complex” in males and the “Electra complex” in females) is the goal. Freud believed that most males resolve this conflict at about 6 years old, but females do not resolve it until they enter adolescence.

- *The latency stage (5 to 12 years old).* During this stage, sexual desire becomes latent (asleep). This is especially true for males, through the defense mechanism of introjection (see Table 2.1). They refuse to kiss or hug their mothers, and treat female agetates with disdain. Because our society is more tolerant of the daughter’s attraction to her father, the Electra complex is not resolved and girls’ sexual feelings are less repressed during this stage.
- *The genital stage (12 years old and older).* Now, in adolescence, there is a surge of sexual hormones in both genders, which brings about an unconscious recurrence of stage 3. Normally, however, youths have learned that desire for one’s mother is taboo, and so they set about establishing relationships (bumblingly at first) with agetates of the opposite sex. Freud believed that if these five stages are not negotiated successfully, homosexuality or an aversion to sexuality itself results. (It should be noted that this concept is not popular among gays and lesbians, many of whom believe that their sexual orientation goes much deeper than this—see Chapter 9.) If fixation occurs at any stage, Freud believed anxiety results, and defense mechanisms will be used to deal with it.

## Anna Freud’s Contribution

A trained psychoanalyst like her father, Anna Freud (1895–1982) believed that his definition of adolescence was too sketchy. She suggested (1958, 1968, 1969) that her father had overemphasized his discovery that sexuality begins not at puberty but in early infancy. Anna Freud spent the major part of her professional life trying to extend and modify psychoanalytic theory as applied to adolescence.

Anna Freud saw the major problem of adolescence as being the restoration of the delicate balance between the superego and the id, which is established during latency and disrupted by puberty. The problems brought about by this internal conflict cause the adolescent to regress to earlier stages of development. A renewed Oedipal conflict brings about fears concerning sexuality that are entirely unconscious and often produce intense anxiety. Therefore, the unconscious defenses of the ego tend to multiply rapidly. The problem, of course, is that the use of these defense mechanisms causes new stresses within the individual, and tends to further increase the level of anxiety.

Anna Freud discovered two primarily adolescent defense mechanisms: **asceticism**, in which, as a defense against the sexual, “sinful” drives of youth, the teenager frequently becomes extremely religious; and **intellectualization**, in which the adolescent defends against emotional feelings of all kinds by becoming extremely logical about life.





Sigmund Freud (1856–1939) and Anna Freud (1895–1982).

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## More Recent Psychoanalytic Views of Adolescence

Researchers in the field of psychoanalysis have recently criticized the Freudian emphasis on the unconscious aspects of the id. They have argued that there is too much emphasis on sexuality and on the negative side of things. In these newer views, relationships with others, especially with the youth's parents, play a more important role (Kohut, 1984). This newer view holds that adolescents get to know more objectively what their parents' actual behavior is, and are upset that parents' actions do not fit with the ideals that they have been taught. For example, they realize that their parents have often "lied" to them about Santa Claus, about how children are born, and about whether or not persons should cheat (on their taxes, for example). This forces the early adolescent into reexamination of ideals and values, which ultimately leads to reorganization of the self. Therefore, this view is often referred to as "self-psychology." Peers play a greater and greater role in the formation of new values, as the role of parents declines. This is not to say that parents are no longer important to teens. Healthy adolescents are those who make major adjustments in themselves, without extinguishing the ties that bind them to their parents.

### *Peter Blos*

Perhaps the best known of the newer psychoanalytic theorists is Peter Blos. He holds that changes in relationships with others, rather than physiological changes such as the development of the sexual system, play the most important role. He argues that Freud is right in saying that the latency period is relatively calm, and that the changes in early adolescence do mark an increase in turbulence. However, these changes are not sexual so much as they are interpersonal. The early adolescent begins to form close relationships with friends of the same sex. In some cases, these early friendships do involve some sexual

experimentation, but they are mainly ways of defending the ego from the fearful changes in self-concepts that are going on at this time (more on the self-concept in Chapter 6).

As adolescents enter the middle period, they begin to relate more to opposite sex friends. Many times these friends resemble the teen's parents either physically or mentally. Because of the intensity of these new relationships, adolescents also tend to be "narcissistic," taking an intense interest in themselves, including their appearance and their thoughts. They become self-absorbed, and very defensive about any criticisms. This is because their image to others is so intensely important to them in this new stage. Therefore, as both of the Freuds suggested, defense mechanisms are likely to abound during this time. However, the positive effects of looking within oneself are also seen at this time. Gradually, adolescents begin to reorganize the sense of self, and come to a more mature resolution of their self-images. As later adolescence is reached, the typical person achieves more self-esteem and a clearer identity.

Because the psychoanalytic view emphasizes ego more, and the id and superego less than the Freuds did, this view is also known as **ego psychology**. Perhaps the best known proponent of ego psychology is Erik Erikson, whose theory will be considered later in this chapter.

## RUTH BENEDICT'S AND MARGARET MEAD'S THEORY [biopsychosocial]

In the early decades of this century, while the theories of the psychoanalytic school were gaining considerable attention, anthropologists had only begun to study so-called "primitive" tribes in nonindustrialized places like Africa and the Polynesian Islands. Not until the 1920s and 1930s did this research result in serious publication. When it did, however, it made a serious attack on the psychoanalytic position. Anthropologists were finding that behaviors on which psychoanalysts based their position simply did not exist in other cultures.

For example, 10-year-olds in some cultures are much more sexually active than in the United States. If human behavior differs from culture to culture, then clearly the idea that development is biologically determined cannot be right. These anthropologists, most notably Ruth Benedict (1887–1948) and Margaret Mead (1901–1978) argued that the behavior of the individual depends to a great extent on the environment in which he or she is raised.

The major difference between Western technological societies and undeveloped, isolated societies was a difference in the flow of psychosocial development. The anthropologists saw development in industrialized societies as highly disconnected. In America, children are expected to act like children throughout an extended adolescence, then, quite abruptly, they are expected to begin to act like adults. In the more "primitive" cultures, this process is much more gradual and less disruptive. Benedict (1950, 1954) specified three major areas in which cultural conditioning flows smoothly in primitive societies, but is disconnected in Western societies:

- *Sexual role.* At least until recently, children in our society have been largely ignorant of the specifics of sexual behavior. They know little about sexual intercourse,

childbirth, breast feeding, menstruation, and the like. Then, as young adults on their wedding nights, they are expected to perform with sexual competence. As many older married people will tell you, this seldom happened.

- *Responsibility.* In our society, children and youth are allowed (even encouraged) to be somewhat irresponsible. However, as soon as they leave home, get a job, or get married, they are expected to be totally responsible for their behavior.
- *Dominance.* Young people in our society are expected to switch suddenly from a totally submissive role as children living in the homes of their parents to complete independence and self-reliance. If they get married and have a baby right away (and most did in earlier times), they are expected to immediately assume total dominance over the life of their own child.

## ALBERT BANDURA'S THEORY [biopsychoSOCIAL]

Albert Bandura, one of the chief architects of social learning theory, has stressed the potent influence of modeling on personality development. He calls this **observational learning**. In a famous article on social learning theory, Bandura and Walters (1959) cite evidence to show that learning occurs through observing others, even when the observers do not imitate the model's responses at that time, and get no reinforcement. Observational learning means that the information we get from observing other people, things, and events greatly influences the way we act. As Bandura and Walters note, *adolescents do not do what adults tell them to do but rather what they see adults do*. If Bandura's assumptions are correct, adults can be a potent force in shaping the behavior of adolescents because of what they do. The importance of models is seen in Bandura's interpretation of what happens as a result of observing others:

- The observer may acquire new responses, including socially appropriate behaviors.
- Observation of models may strengthen or weaken existing responses.
- Observation of a model may cause the reappearance of responses that were apparently forgotten.
- If children witness undesirable behavior that is either rewarded or goes unpunished, undesirable behavior may result. The reverse is also true.

Bandura, Ross, and Ross (1963) studied what effects three presentations—live models, filmed human aggression, and filmed cartoon aggression—would have on preschool children's aggressive behavior. The live and filmed human adult models displayed aggression toward an inflated doll; in the filmed cartoon aggression a cartoon character displayed the same aggression. Later, all the children who observed the aggression were more aggressive than youngsters in a control group. Filmed models were as effective as live models in transmitting aggression. The research suggests that powerful, competent models are more readily imitated than models who lack these qualities.

In summary, Bandura holds that adolescent development does not happen in predictable stages but as a result of social stimuli from the environment. Since there are millions of these in a person's lifetime, he sees development as continuous, something that usually happens in small steps every day.

## A Multicultural View:

### MODELING AMONG LATINO YOUTH

For most teens, the family plays an important role, but for Latino adolescents, this is especially so. Thus it is not surprising that they often choose a family member on whom to model their behavior and values. This quotation from a teenage girl is an example:

*As far as I can remember, my mother was strong and independent. She loved us so much that she protected us from the dangers of the barrio. She kept the family together as long as she could, and the traditions were a big part of her life. She is a very pretty woman with strong Mexican Indian features: high cheek-bones and a tired clear face. She is short, heavyset, and has a physically tired body. She always wore a little makeup and red lipstick. . . . "Mi madre" is the pride and joy of my life, and she is not only my mother but my closest friend. (Kunjifu, 1985, p. 29)*

## ROBERT HAVIGHURST'S THEORY [bioPSYCHOSOCIAL]

By the 1950s and 1960s, a new theory developed as a reaction to the earlier viewpoints. Robert Havighurst (b. 1900), a sociologist at the University of Chicago, became a major spokesperson. He suggested that there are specific **developmental tasks** at each stage of life, which lie midway between the needs of the individual and the goals of Western society. He defined these tasks as skills, knowledge, functions, and attitudes that are needed by an individual in order to succeed in life. As with Freudian theory, the inability to negotiate successfully any particular stage interferes with success at all succeeding stages.

For the adolescent stage, Havighurst (1951) describes nine developmental tasks:

- Accepting one's physique and accepting a masculine or feminine role.
- Forming new relations with agemates of both sexes.
- Achieving emotional independence of parents and other adults.
- Achieving assurance of economic independence.



### DO THE SAMOANS HAVE THE RIGHT ANSWERS?

These abrupt changes, occurring as they do without much preparation during the adolescent period, put a great strain on the life of the individual. Can you think of other ways of introducing teens to sex (e.g., childbirth classes, sex education classes) that you would favor?

Margaret Mead's studies of youth on the island of Samoa (1927) convinced her that the introduction of sex in the early teens by that culture is more natural. In that society, adolescent boys were expected to sneak into the huts of the girls they admired and have sex with them. After a trial period, if the girl found him as attractive as he found her, she agreed to marry him.

As a preparation for adult life in our society, Mead (1970) went so far as to suggest that we allow our youth to engage in "trial marriages," in which teenagers are allowed to live and sleep together (in the home of one of their parents) and to practice sexual intercourse, provided birth control is used. Her argument was that since so many teenagers are engaging in sex anyway, and since so many of them are becoming pregnant and/or contracting a disease because they are not using protection, they would be better off if they had the acknowledgement and advice of adults.



Margaret Mead's studies of youth on the island of Samoa helped her develop a new concept of adolescence, one considerably different from Sigmund Freud's viewpoint.

- Selecting and preparing for an occupation.
- Developing intellectual skills and concepts necessary for civic competence.
- Desiring and achieving socially responsible behavior.
- Preparing for marriage and family life.
- Building conscious values in harmony with an adequate scientific world-picture.

Although written some 40 years ago, Havighurst's list holds up rather well today for Western cultures. Research has lent considerable support to Havighurst's theory, and educators and therapists have found his ideas useful, although the applicability of his ideas for other cultures has had little study.

## ABRAHAM MASLOW'S THEORY [BIOPSYCHOSOCIAL]

Psychologist Abraham Maslow (1908–1970) spent most of his career examining the development of *needs*. Maslow (1968, 1971) argued that humans have basic instincts, to which they should pay more attention. These instincts are not as strikingly evident in humans as they are in animals, but the message is there, and a person who is psychologically mature is one who is able to listen.

Maslow believed that we have six such basic instincts. These instincts are manifested in the form of needs, some very strong, and some much weaker. They appear in overlapping stages, with the basic needs present at birth and higher-order needs showing up as the person grows older. Furthermore, satisfaction of these needs is sequential; the basic needs must be met before later, more complex needs can be successfully fulfilled.

Maslow's description of the six needs and his division of them into two main levels are given in Table 2.2.


The insight of Maslow's **hierarchy of needs** is readily apparent. Clearly, if we are suffering from severe hunger pains, it is unlikely that we will be concerned with whether or not people respect us. In fact, we may be quite willing to steal, even if this brings us condemnation. Usually, therefore, when a person's needs in one particular level are unfulfilled, those needs must be preeminent. Until the lower-level needs are met, the person is not likely to be concerned with higher-level needs.

Maslow also made a distinction between **deficiency needs** and **being needs**. *Deficiency* needs are those that *decrease* as they are attended to; they can be fully satisfied. When some physical or psychological deficit occurs (thirst, loneliness) and there is an action which can be taken to eliminate it, the need is a deficiency need. *Being* needs, on the other hand, *increase* as they are attended to (thus they are also termed "growth needs"). An example of a being need is the appreciation of music; the more we come to like music, the more we desire the joys it can provide.

Maslow believed that earlier psychologists, especially Freud, overemphasized deficiency needs. They saw all motivation as an attempt to ease the discomfort of unfulfilled needs. The ultimate goal of human beings is a return to "nirvana," a needless state, they argued. Maslow felt that this theory explains only part of our behavior. It applies, he

Table 2.2

## MASLOW'S HIERARCHY OF NEEDS

Type of Need	Level of Need	
1. Physiological needs. These are the needs we have for basic creature comforts: food, water, warmth, air, sex.	Deficiency	Low
2. Safety needs. We must feel we are free from threat to our lives. Safety needs include our desires for familiarity, regularity, and a secure home.	Deficiency	
3. Belongingness and love needs. All people want to feel that they belong somewhere and that at least one other person feels a sense of love and caring for them.	Deficiency	
4. Esteem needs. We need to feel that we are worthwhile and capable, and that the society we live in values our contribution to it.	Deficiency	
5. Self-actualization needs. We also need to be in touch with those resources that lie deep within us. These include imagination and creativity, our ability to experience great joy, and to make total use of our potential. Maslow suggests that we carry not only our past inside us, but also our future, in the sense that the direction of our growth lies within us and needs to be fulfilled.	Being	
6. Aesthetic needs. Very few people actually are aware of having an aesthetic need, which is the need to make an important contribution to mankind. It is the desire to have a deep understanding of the world around us and the purpose of life. This need exists on a high level, and only a few (e.g., Abraham Lincoln, Albert Einstein, Margaret Mead) experience it.	Being	High

*Adapted from The Farther Reaches of Human Nature by Abraham H. Maslow. Copyright © 1971 by Bertha G. Maslow. Used by permission of Viking Penguin, a division of Penguin Books USA Inc.*

suggested, more to sick individuals and those whose low-level needs are unmet than to most people in civilized countries today. He argued that we should pay more attention to being needs, now that deficiency needs are normally well taken care of.

Although the six types of needs develop in overlapping steps, there are some notable exceptions to the sequence. Some individuals become so involved with taking care of their deficiency needs that they are incapable of experiencing being needs. Some neurotic individuals, for example, come to be so threatened by their environment that they must constantly take care of their safety needs. Teens who become drug addicts, alcoholics,



Most successfully creative people have met their deficiency needs. That is why they often seem not to care whether their environments are orderly or not.

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and compulsive eaters are examples of people fixated on deficiency needs. On the other hand, some individuals seem so involved with being needs that they neglect their deficiency needs. Great artists and martyrs are examples.

Clearly, belongingness and esteem needs, levels three and four, are of greatest relevance during adolescence. Yet teachers and parents often overlook these needs as they pressure a youth to be more self-actualizing. As Maslow's theory makes evident, there can be no hope that teenagers will begin fulfilling their potential until these lower-level, deficiency needs are reasonably well met.

### *An Applied View:*

#### REACHING FOR SELF-ACTUALIZATION

Although the likelihood that what Maslow called self-actualization will be attained in adolescence is small, it is at this age that the quest should start. If we are to help young people to strive to fulfill themselves, we must teach them that this can only be achieved by looking away from themselves to a commitment to a larger cause. Enabling teens to affiliate with volunteer groups such as those who assist nurses in hospitals is a good start. Organizing or managing a service organization is another way to provide teens with this experience. If we are to help young people to strive to fulfill themselves, we must teach them that self-actualization is often realized through service to others.



## ERIK ERIKSON'S THEORY [bioPSYCHOSOCIAL]

Among other important books, Erik Erikson wrote *Childhood and Society* (1963). It is an amazingly perceptive and at times poetically beautiful description of human life. Erikson's view of human development derives from extensive study of people living in an impressive variety of cultures: Germans, East Indians, the Sioux of South Dakota, the Yuroks of California, and wealthy adolescents in the northeastern United States (1959, 1968). His ideas also stem from intensive studies of historical figures such as Martin Luther (1958) and Mahatma Gandhi (1969). He sees human development as the interaction between your genes and the environment in which you live.

According to Erikson, human life progresses through a series of eight stages. Each of these stages is marked by a crisis that needs to be resolved so that the individual can move on. He uses the term crisis in a medical sense. It is like an acute period during illness, at the end of which the patient takes a turn for the worse or better. At each life stage, the individual is pressured, by internal needs and the external demands of society, to make a major change in a new direction.

The ages at which people go through each of the stages vary somewhat, but the sequence of the stages is fixed. The ages of the first five stages are exactly the same as in Freud's theory (Erikson is an ardent student of his theory). Like Maslow, Erikson believes that the stages overlap.

Each of the crises involves a conflict between two opposing characteristics. Erikson suggests that successful resolution of each crisis should favor the first of the two characteristics, although its opposite must also exist to some degree. Table 2.3 gives an overview of his psychosocial theory.

It is necessary to have experienced each crisis before proceeding to the next. Inadequate resolution of the crisis at any stage hinders development at all succeeding stages, unless special help is received. When a person is unable to resolve a crisis at one of the stages, Erikson suggests that "a deep rage is aroused comparable to that of an animal driven into a corner" (1963, p. 68). This is not to say that anyone ever resolves a crisis completely. It is important to note that Erikson's description of the eight stages of life is a picture of the ideal, and that no one ever completes the stages perfectly. However, the better a person does at any one stage, the more progress. Let us look at each stage more closely.

### Basic Trust versus Mistrust (birth to 1 1/2 years old)

In the first stage, which is by far the most important, a sense of basic trust should develop. For Erikson, trust has an unusually broad meaning. To the trusting infant, it is not so much that the world is a safe and happy place, but rather that it is an orderly, predictable place. There are causes and effects that one can learn to anticipate. For Erikson, then, trust flourishes with warmth and care, but it might well include knowledge that one will be punished for disobeying rules. (Actually, Erikson strongly opposes punishment of any kind for infants.)

Table 2.3

## ERIKSON'S THEORY OF PSYCHOSOCIAL DEVELOPMENT

Stage	Age	Psychosocial Crisis
1	Infancy (0 to 1 1/2)	Trust vs. mistrust
2	Early childhood (1 1/2 to 3)	Autonomy vs. shame, doubt
3	Play age (3 to 5)	Initiative vs. guilt
4	School age (5 to 12)	Industry vs. inferiority
5	Adolescence (12 to 18)	Identity and repudiation vs. identity confusion
6	Young adult (18 to 25)	Intimacy and solidarity vs. isolation
7	Adulthood (25 to 65)	Generativity vs. self-absorption
8	Maturity (65+)	Integrity vs. despair

Source: Data from E. Erikson. *Childhood and Society*. 2d ed. 1963. W. W. Norton & Company, Inc., New York, NY.

If the infant is to grow into a person who is trusting and trustworthy, it is essential that a great deal of regularity exist in its early environment. The child needs variation, but this variation should occur in a regular order that the child can learn to anticipate. For example, the soft music of an FM radio can provide regular changes in sound level. So does the movement of a colorful mobile hanging over a child's crib.

Some children begin life with irregular and inadequate care. Anxiety and insecurity have a negative effect on family and other relationships so important to the development of trust. When a child's world is so unreliable, we can expect mistrust and hostility, which under certain circumstances can develop into antisocial, even criminal, behavior. Of course, not all such people become criminals.

It is also possible to gain basic trust in infancy and then lose it later. Sometimes people who have not suffered an injurious childhood can lose their basic sense of trust because of damaging experiences later in life.

### Autonomy versus Shame and Doubt (1 1/2 to 3 years old)

When children are about 1 1/2 years old, they should move into the second stage, characterized by the crisis of autonomy versus shame and doubt. This is the time when they begin to gain control over their bodies and is the usual age at which toilet training is begun.

Erikson agrees with other psychoanalysts that toilet training has far more important consequences in one's life than control of one's bowels. The sources of generosity and creativity lie in this experience. If children are encouraged to explore their bodies and environment, a level of self-confidence develops. If they are regularly reprimanded for their inability to control excretion, they come to doubt themselves. They become ashamed and afraid to test themselves.

Of course, excretion regulation is not the only goal in this stage. Children of this age usually start learning to be self-governing in all of their behaviors. Although some self-doubt is appropriate, general self-control should be fostered at this stage.

## Initiative versus Guilt (3 to 5 years old)

The third crisis, initiative versus guilt, begins when children are about 3 years old. Building on the ability to control themselves, children now learn to have some influence over others in the family and to successfully manipulate their surroundings. They should not merely react, they should initiate.

If their parents and others make them feel incompetent, however, they develop a generalized feeling of guilt about themselves. In the autonomy stage they can be made to feel ashamed by others; in this stage, they learn to make themselves feel ashamed.

## Industry versus Inferiority (5 to 12 years old)

The fourth stage corresponds closely to the child's elementary school years. Now the task is to go beyond imitating ideal models and to learn the elementary technology of the culture. Children expand their horizons beyond the family and begin to explore the neighborhood.

Their play becomes more purposeful, and they seek knowledge in order to complete the tasks that they set for themselves. A sense of accomplishment in making and building should prevail. If it does not, children may develop a lasting sense of inferiority. Here we begin to see clearly the effects of inadequate resolution of earlier crises.

As Erikson puts it, the child may not be able to be industrious because "he may still want his mother more than he wants knowledge." Erikson suggests that the typical American elementary school, staffed almost entirely by women, can make it difficult for children (especially boys) to make the break from home and mother. Under these circumstances, children may learn to view their productivity merely as a way to please their teacher (the mother substitute), and not as something good for its own sake. Children may perform in order to be "good little workers" and "good little helpers" and fail to develop the satisfaction of pleasing themselves with their own industry.

## Identity and Repudiation versus Identity Confusion (12 to 18 years old)

The main task of the adolescent is to achieve a state of identity. Erikson, who originated the term **identity crisis**, uses the word in a special way. In addition to thinking of identity as the general picture one has of oneself, Erikson refers to it as a state toward which one





The role of Biff, the son in Arthur Miller's *Death of a Salesman*, gives many insights into adolescent life.

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strives. If one were in a state of identity, the various aspects of one's self-images would be in agreement with each other; they would be identical. Ideally, a person in the state of identity has no internal conflicts whatsoever.

**Repudiation** of choices is another essential aspect of reaching personal identity. In any choice of identity, the selection we make means that we have *repudiated* (turned down) all the other possibilities, at least for the present. When youths cannot achieve identity, when identity confusion ensues, it is usually because they are unable to make choices.

As Biff, the son in Arthur Miller's *Death of a Salesman*, says, "I just can't take hold, Mom, I can't take hold of some kind of life!" Biff sees himself as many different people; he acts one way in one situation and the opposite way in another—a hypocrite. Because he refuses to make choices and shies away from commitments, there is no cohesiveness in his personality. He is aware of this lack, but is unable to do anything about it. (We will have much more to say about Erikson's views on this stage in Chapter 6.)

## Intimacy versus Isolation (18 to 25 years old)

In the sixth stage, intimacy with others should develop. Erikson is speaking here of far more than sexual intimacy. He is talking about the essential ability to relate one's deepest hopes and fears to another person, and to accept another person's need for intimacy in turn.



Each of us is entirely alone, in the sense that no one else can ever experience life exactly the way we do. We are imprisoned in our own bodies, and can never be certain that our senses experience the same events in the same way as another person's senses. Only if we become intimate with another are we able to understand and have confidence in ourselves. During this time of life our identity may be fulfilled through the loving validation of the person with whom we have dared to be intimate.

## Generativity versus Stagnation (25 to 65 years old)

Generativity means the ability to be useful to ourselves and to society. As in the industry stage, the goal here is to be productive and creative. However, productivity in the industry stage is a means of obtaining recognition and material reward for one's self. In the generativity stage, one's productivity is aimed at generating something useful to others. Thus, the act of being productive is itself rewarding, regardless of whether recognition or reward results.

Furthermore, there is a sense of trying to make the world a better place for the young in general, and for one's own children in particular. During the middle of this stage many people become mentors to younger individuals, sharing their knowledge and philosophy of life. When people fail in generativity, they begin to stagnate, to become bored and self-indulgent, unable to contribute to society's welfare. Such adults often act as if they were their own child.

## Integrity versus Disgust and Despair (65 years old and older)

When people look back over their lives and feel they have made the wrong decisions or, more commonly, that they have too frequently failed to make any decision at all, they see their life as lacking integration. They feel despair at the impossibility of "having just one more chance to make things right." They often hide their terror of death by appearing contemptuous of humanity in general, and of people of their own religion or race in particular. They feel disgust for themselves.

To the extent that they have been successful in resolving the first seven crises, they achieve a sense of personal integrity. Adults who have a sense of integrity accept their lives as having been well spent. They feel a kinship with people of other cultures and of previous and future generations. They have a sense of having helped to create a more dignified life for humankind. They have gained wisdom. Can you see now how important stage five, "identity and repudiation versus identity confusion" is to all the stages that follow?

## JOHN COLEMAN'S THEORY [bioPSYCHOSOCIAL]

Of the theorists who have written about adolescents over the years, there are those at one extreme who believe that adolescence is a time of considerable disruption because of the abrupt and extreme changes that are going on in the various spheres of the adolescent's life. At the other extreme is the idea that adolescence is a fairly ordinary period of life.

Although each position has its strong proponents, clearly both positions cannot be true. Psychologist John Coleman (b. 1942) offers a compromise view of adolescent development, which he refers to as his **focal stage theory** (1978).

Coleman studied the attitudes of 800 boys and girls (100 each at ages 11, 13, 15, and 17) on a wide variety of topics. His questions included the areas of self-image, being alone, heterosexual relationships, parental relationships, friendships, and large group situations. He found that although each of these areas is of concern to some adolescents at all age levels, each peaks at a decidedly different time.

For example, conflict with parents was of concern to less than 20 percent of 11-year-old boys, whereas 60 percent of 17-year-old boys expressed a problem with it. Less than one-fifth of the 11-year-old boys studied had fears of rejection from their peer group, but over half worried about this at 15 years old. By age 17 this concerned only about one-third. Almost 40 percent of the 11-year-old males suffered anxiety over heterosexual relationships. This dropped steadily to 10 percent by the time they were 17.

On the basis of his data and his observations in clinical practice, Coleman suggests that adolescents tend to restrict themselves to being upset about one issue at a time. As he puts it,

*Adolescence is not an either/or phenomenon, but, as the evidence shows, is a period in the life cycle which contains difficulties; and where stress is experienced, though of a minor rather than a major nature. There is conflict with parents, over mundane domestic issues, rather than over fundamental values. Many young people experience feelings of unhappiness but on the whole these go unnoticed by parents or teachers. Adolescents do worry over their future identities as they become older, but these worries rarely cause an identity crisis* (1978, p. 7).

Figure 2.2 is a representation of Coleman's focal model. Each of the stages in the model is a different issue or relationship which is of most importance to the adolescent at that age.

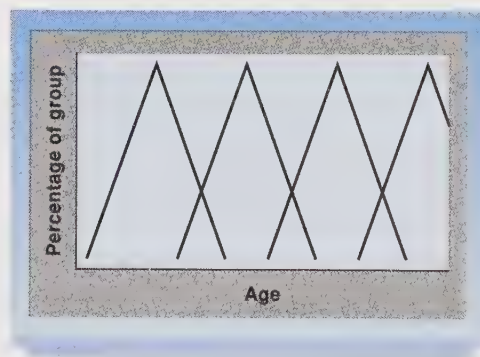


Figure 2.2 A graphic representation of Coleman's focal theory.

Source: Adapted from Coleman, 1978.

Although focal theory is intended to explain the ups and downs of life for the great majority of adolescents, Coleman does recognize that there are those for whom it does not apply. For example, the late maturer may well find that because conflicts over such issues as sexuality, puberty, and growth spurt have been delayed, they hit all at once. For this person, adolescence is, at least for a while, a period of “storm and stress.”

What are the major issues that arise in the course of adolescence? How many of them are there? At what ages do each of them peak? Do they peak at the same age for boys and girls? How long does one issue take before the next issue is attacked? Focal theory may be accurate. Although it does not yet answer these important questions, at least it suggests an orderly way to proceed.

In Table 2.4, you will find a list of the theorists considered in this chapter, together with an indication of which aspect of biopsychosocial causes they emphasize.

Table 2.4

### DEVELOPMENTAL THEORISTS AND THEIR POSITIONS ON THE MAJOR SOURCE(S) OF CHANGE

<b>Theorist</b>	<b>Source(s) of Change</b>
G. Stanley Hall	BIOpsychosocial
Sigmund Freud	BIOPSYCHOsocial
Anna Freud	BIOPSYCHOsocial
Peter Blos	BIOPSYCHOsocial
Ruth Benedict	biopsychoSOCIAL
Margaret Mead	biopsychoSOCIAL
Albert Bandura	biopsychoSOCIAL
Robert Havighurst	bioPSYCHOSOCIAL
Abraham Maslow	BIOPSYCHOSOCIAL
Erik Erikson	bioPSYCHOSOCIAL
John Coleman	bioPSYCHOSOCIAL

Each of the theories you have read in this chapter was designed by scientists who have been influenced by the culture of their time and place: Freud lived primarily in Vienna, which was dominated by a male patriarchy; Karen Horney, who questioned Freud's stance on many issues, lived in the rebellious times of the Weimar Republic in Berlin; typical of the culture of the United States in the 1960s, Blos believes boys' development is directed toward control and dominance of the physical world, but girls' development, on the other hand, is directed toward boys, and hence relationships. Arising from the same culture and academic history, Erikson, too, believes "anatomy is destiny," that one's gender determines one's social role. What do you think? Are all theories tainted to some extent by cultural bias? For example, do you feel there are many essential differences in adolescent development for boys and girls, or is this view the result of the dominant social view?

## CONCLUSIONS

This chapter has covered a great deal of important ground. It has introduced you to the framework on which, in many ways, the rest of the book depends. Although there are many theories we might have chosen to include in this chapter (some of which we will discuss later), the ones we have presented here have played or are playing major roles in the development of adolescent psychology.

There is a lot to remember, but we will be coming back again and again to these seminal ideas, and this will help you to gain a firm understanding of them. In these first two chapters, you have received an overview of the fascinating study of adolescent development. Now we begin to take a much closer look at each of the major aspects of teen life with the powerful spotlights of theory and research. In the next section (Chapters 3–6), mainly psychological factors are reviewed. In the following sections (Chapters 7–14), social factors are analyzed. Throughout these chapters, biological issues are also considered.

## CHAPTER HIGHLIGHTS

### What Theories Do

- Good theories help to organize information, to focus our search for understanding, to describe and explain interpretations and conclusions, and to recognize major disagreements among scholars and scientists.
- A theory attempts to explain empirical research by showing how constructs are related.

### The Biopsychosocial Causes of Change

- While all theorists believe that there are biological, psychological, and social causes of human development, they differ on the emphasis they put on each of the three factors.
- The biological camp believes that genes are the major factor in our development.
- The psychological view believes that changes in personality and/or intellect guide our development.



- The social view is that the environment plays the major role in human development.
- There are theorists who believe that it is a combination of two or three of these factors that guide human development.

### G. Stanley Hall's Theory [BIOPsychosocial]

- There are four periods of development that all human beings pass through: birth to 4 years; 4 to 8 years; 8 to 12 years; and 12 to 25 years.
- Hall believed that development, being determined by our genes, occurs in an unchangeable, universal pattern, with the environment having little effect.
- Hall's interpretation of adolescent development was greatly influenced by his observation that it is a period of *sturm und drang* (storm and stress).

### Sigmund Freud's Theory [BIOPSYCHOsocial]

- The unconscious mind is the key to understanding human beings.
- Important information in the unconscious mind is kept hidden through an array of defense mechanisms.
- The mind is divided into three constructs: the id, the ego, and the superego, each of which appears at different stages of a child's development.
- Personality development is divided into five instinctive stages of life, each stage serving a major function: oral, anal, phallic, latency, and genital.
- Failure to pass through a stage of development results in fixation which halts a person from becoming fully mature.
- Anna Freud believed that the delicate balance between the superego and the id, being disrupted by puberty, cause the adolescent to regress to earlier stages of development.
- Peter Blos has made a number of contributions that have modernized psychoanalytic theory.

### Ruth Benedict's and Margaret Mead's Theory [biopsychoSOCIAL]

- In their studies of primitive cultures, Benedict and Mead found human behavior to differ from culture to culture, therefore proving that development cannot be determined solely by biology.
- Three areas of development that are different among cultures are sexual roles, responsibility, and dominance.

### Albert Bandura's Theory [biopsychoSOCIAL]

- Learning occurs through observing and modeling the actions of others.

### Robert Havighurst's Theory [bioPSYCHOSOCIAL]

- Each stage in development has specific developmental tasks, skills, knowledge, functions, and attitudes that are needed by a person in order to succeed in life.

### Abraham Maslow's Theory [BIOPSYCHOSOCIAL]

- A human being has needs which appear in overlapping stages beginning with deficiency needs at birth and progressing to being needs as the person develops.
- There is a hierarchy of needs that develops—basic needs (deficiency needs) must be fulfilled before one concerns themselves with higher-level needs (being needs).

### Erik Erikson's Theory [bioPSYCHOSOCIAL]

- Human life progresses through eight "psychosocial" stages, each of which is marked by a crisis and its resolution.
- While the ages at which one goes through each stage varies, the sequence of stages is fixed. Stages may overlap, however.
- A human being must experience each crisis before proceeding to the next stage. Inadequate resolution of the crisis at any stage hinders development.

## John Coleman's Theory [bioPSYCHOSOCIAL]

- The focal stage theory claims that adolescents at any stage are primarily concerned with one particular focus—self-image, being alone, heterosexual relationships, parental relationships, friendships, and large group situations—but that each area peaks at a different time in their development.

### KEY TERMS

Asceticism 46	Ego 44	Intellectualization 46
Being needs 52	Ego psychology 48	Observational learning 49
Biopsychosocial 38	Fixated 45	Psychoanalysis 43
Construct 39	Focal stage theory 60	Repudiation 58
Defense mechanisms 44	Hierarchy of needs 52	Storm and stress 40
Deficiency needs 52	Id 44	Superego 44
Developmental tasks 50	Identity crisis 57	

### WHAT DO YOU THINK?

1. What is your reaction to the statement, "The truth or falseness of a theory is not important. All we care about is its usefulness"?
2. Some people say that in his concept of human development Freud emphasizes sexuality too much. What do you think?
3. What similarities can you detect among the social theories of Bandura and Havighurst?
4. Are any one of Maslow's types of needs most relevant during adolescence?
5. Is it possible for a person to be deeply intimate with another person and still be in a state of identity confusion?
6. Which type of theory is most useful to the person working with adolescents: the psychological, the social, or the psychosocial theories?
7. Which theory best fits your experience as an adolescent?
8. Do you notice any pattern in Table 2.4? Can you offer an explanation for it?

### SUGGESTED READINGS

- Clark, R. W. (1980). *Freud: The man and the cause*. New York: Random House. This is one of the most judicious and even-handed books written about the father of psychoanalysis.
- Erikson, E. (1958). *Young man Luther*. New York: W. W. Norton. Martin Luther was the main force behind the Protestant Reformation. In Erikson's penetrating analysis of the causes of Luther's actions, we have a wonderfully clear example of his ideas about adolescence in general, and negative identity in particular.
- Golding, W. (1962). *Lord of the Flies*. New York: Putnam. An excellent example of Albert Bandura's theory of observational learning, with its emphasis on modeling.
- Skinner, B. F. (1948). *Walden two*. New York: Macmillan. Many students find it hard to see how Skinner's behaviorism would function in everyday life. In this novel, we see how a community based on his principles would operate. In fact, for a while at least, several such communities really existed. This is a good way to understand his theory.
- Tyler, A. (1986). *The accidental tourist*. New York: Knopf. This is the story of a man who tries desperately to avoid the bumps of life. It offers an excellent opportunity to evaluate each of the theories presented in this chapter by analyzing the main character's life from the standpoint of each theory.

part 2 two

DEVELOPMENTAL  
PATTERNS







c h a p t e r

# 3

Gretchen, my friend, got her period. I'm so jealous, God. I hate myself for being so jealous, but I am. I wish You'd help me just a little. Nancy's sure she's going to get it soon, too. And if I'm last, I don't know what I'll do. Oh, please, God, I just want to be normal!

*Judy Blume, Are You There, God? It's Me, Margaret, 1970*

## PHYSICAL DEVELOPMENT

### Early Studies of Puberty

#### Your Reproductive System

*The Female Sexual System*

*The Male Sexual System*

#### The Common Myths of Puberty

*Myth 1: Puberty Starts at One Point in Time*

*Myth 2: Puberty Strikes without Warning*

*Myth 3: Puberty Is the Result of Releasing Hormones*

#### The Biological Basis of Puberty

*The Endocrine System and the Hormonal Basis of Puberty*

*Genetic Influences*

*Nutritional Influences*

#### The Sequence of Events in Puberty

#### The Contrast of Male and Female Pubertal Change

*Menarche*

*Menstruation*

*Male Concerns*

#### The Effects of Timing On Puberty

*Eight Different 14-Year-Olds*

#### Body Image

*The Cultural Preference for Thinness*

*The Adolescent Body*

#### Conclusion

#### Chapter Highlights

#### Key Terms

#### What Do You Think?

#### Assigned Readings

If you want to understand adolescence, you will surely need to know quite a bit about puberty. In this chapter, you will learn about some of the myths of puberty. We will explain its biological basis, the sequence of events that make it up, the contrast of changes for males and females, and the effects of timing. Finally, we will explore the concept of body image.

When you have finished studying this chapter, you will be able to:

- Identify the important parts of the male and female reproductive systems, and explain their functions.
- List three common myths of puberty and be able to refute them.
- Describe the endocrine system and the hormones that influence pubertal development.
- Explain genetic and nutritional influences on pubertal development.
- List the normal sequence of events in puberty for males and females.
- Contrast male and female development in puberty.
- Describe the influence of timing on individual adolescents' emotional reactions to the physical changes of puberty.
- Specify how our culture overemphasizes the importance of physical attractiveness, and its consequences for male and female adolescents.
- Relate your own experience of puberty to factors of preparation, timing, and body image as presented in the research.
- Discuss these issues from an applied, a multicultural, and your own point of view.

## EARLY STUDIES OF PUBERTY

Since humans began writing about the experience of living, they have speculated about **puberty**. However, the scientific study of puberty started only at the turn of this century when, because of child labor laws, teenagers were increasingly kept from working so they could stay in school. Teachers and psychologists became more interested in the way children developed—much more so than were the factory owners who had governed the lives of so many teenagers in the nineteenth century.

The adolescent theorists of the early twentieth century (e.g., Boas, 1911; Bourne, 1913; Burnham, 1911; King, 1914) had far less data available than we do today, and their opinions about puberty were largely subjective. For example, King (1914) stated that for girls, puberty peaks at 12, and for boys at 13. His evidence was that in Boston in 1913, there were fewer deaths per thousand among 12-year-old girls and 13-year-old boys than for any other female and male age group, respectively. Because relatively few died at these ages, King argued, this must be when their “vital force” was highest, and thus was an indication of the onset of puberty.

This hypothesis is wrong. For one thing, the age at which the death rate is lowest changes from year to year and from place to place. Biological factors such as the timing of puberty are now known to be much more stable than that. King also suggested that the

major cause of **delayed puberty** was “excessive social interests, parties, clubs, etc. with their attendant interference with regular habits of rest and sleep” (p. 25). We now know that this opinion is also wrong.

## YOUR REPRODUCTIVE SYSTEM

Much more is known today about many aspects of puberty. We know more about the organs of our reproductive system and how these organs function together. And we are learning how to present this knowledge to adolescents effectively.

How well do you know your own reproductive system? Take the test here, then read the following sections on the female and the male sexual systems.

### *An Applied View:*

#### HOW WELL DO YOU KNOW YOUR OWN REPRODUCTIVE SYSTEM?

Most of us seem to think we understand the workings of sex and reproduction well enough, yet when asked to define the various parts of our sexual system, we don't do very well. How high would you rate your knowledge?

If you would like to learn how much you really know (and this knowledge is important, if only because the adolescents you deal with may ask you questions about it), take this test. Put an M in the first column after each item that is part of the male sexual system, an F after each that is part of the female sexual system, or M/F if it is both. The correct answers may be found by examining Figures 3.1 and 3.2.

M, F, or M/F		M, F, or M/F	
Bartholin's glands	_____	Mons pubis (mons veneris)	_____
Cervix	_____	Ova	_____
Clitoris	_____	Ovary	_____
Cowper's glands	_____	Pituitary gland	_____
Epididymis	_____	Prostate	_____
Fallopian tubes	_____	Scrotum	_____
Fimbriae	_____	Testes	_____
Foreskin	_____	Ureter	_____
Glans penis	_____	Urethra	_____
Hymen	_____	Uterus	_____
Labia majora	_____	Vas deferens	_____
Labia minora	_____	Vulva	_____

The highest possible score on this test is 24. This test has been given to groups of sophomores and graduate students. The sophomores, whose mean age is 18, averaged 19 on the test. The graduate students, whose mean age is 27, averaged 13! Why do you suppose the older students did worse? Do you think that adolescents would benefit from a better knowledge of their own and the opposite gender's sexual systems?

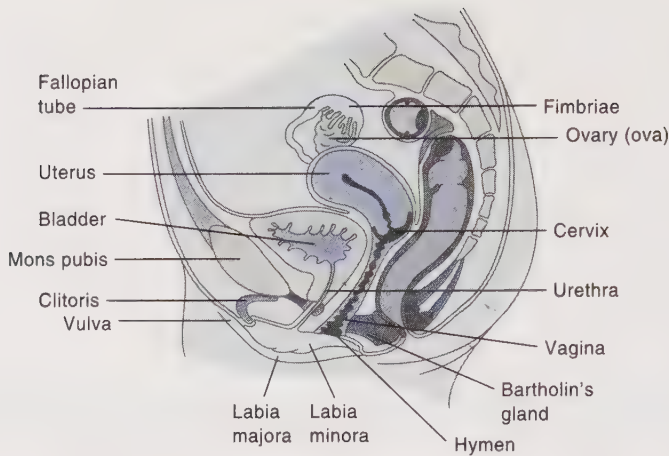


Figure 3.1 The female sexual system.

## The Female Sexual System

The parts of the female sexual system are defined here and are illustrated in Figure 3.1.

- *Bartholin's glands*: a pair of glands located on either side of the vagina. These glands provide some of the fluid that acts as a lubricant during intercourse.
- *Cervix*: the opening to the uterus located at the inner end of the vagina.
- *Clitoris*: comparable to the male penis. Both organs are extremely similar in the first few months of life, becoming differentiated only as sexual determination takes place. The clitoris is the source of maximum sexual stimulation and becomes erect through sexual excitement. It is above the vaginal opening, between the labia minora.
- *Fallopian tubes*: conduct the ova from the ovary to the uterus. A fertilized egg that becomes lodged in the Fallopian tubes, called a Fallopian pregnancy, cannot develop normally and if not surgically removed will cause the tube to rupture.
- *Fimbriae*: hairlike structures located at the opening of the oviduct that help move the ovum down the Fallopian tube to the uterus.
- *Hymen*: a flap of tissue which usually covers most of the vaginal canal in virgins.
- *Labia majora*: the two larger outer lips of the vaginal opening.
- *Labia minora*: the two smaller inner lips of the vaginal opening.
- *Mons pubis* or *mons veneris*: the outer area just above the vagina which becomes larger during adolescence and on which the first pubic hair appears.
- *Ova*: the female reproductive cells stored in the ovaries. These eggs are fertilized by the male sperm. Girls are born with more than a million follicles, each of which holds an ovum. At puberty, only 10,000 remain, but they are more than sufficient for a woman's reproductive life. Since usually only one egg ripens each month from her mid-teens to her late forties, a woman releases less than 500 ova during her lifetime.



- *Ovaries*: glands that release one ovum each month. They also produce the hormones estrogen and progesterone, which play an important part in the menstrual cycle and pregnancy.
- *Pituitary gland*: the “master” gland located in the lower part of the brain. It controls sexual maturation and monthly menstruation.
- *Ureter*: a tube connecting the kidneys with the bladder.
- *Urethra*: a canal leading from the bladder to the external opening through which urine is excreted.
- *Uterus*: the hollow organ (also called the womb) in which the fertilized egg must implant itself for a viable pregnancy to occur. The egg attaches itself to the lining of the uterus from which the unborn baby draws nourishment as it matures during the nine months prior to birth.
- *Vulva*: the external genital organs of the female.

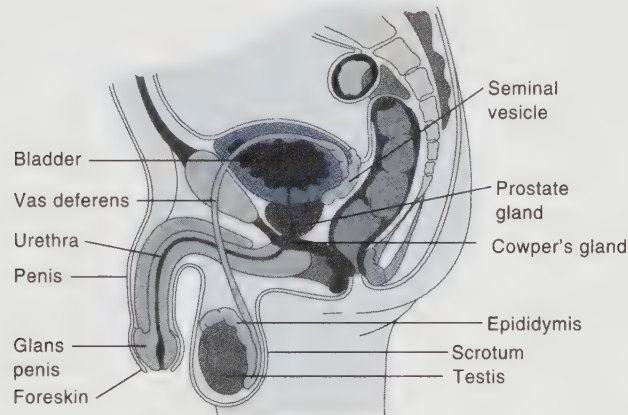


Figure 3.2 The male sexual system.

## The Male Sexual System

The parts of the male sexual system are defined here and are illustrated in Figure 3.2.

- *Cowper's glands*: located next to the prostate glands. Their job is to secrete a fluid that changes the chemical balance in the urethra from an acidic to an alkaline base. This fluid proceeds up through the urethra in the penis where it is ejaculated during sexual excitement just preceding the sperm-laden semen. About a quarter of the time, sperm also may be found in this solution, sometimes called preseminal fluid. Therefore, even if the male withdraws his penis before he ejaculates, it is possible for him to deposit some sperm in the vagina, which may cause pregnancy.
- *Epididymis*: a small organ attached to each testes. It is a storage place for newly produced sperm.

- *Foreskin*: a flap of loose skin that surrounds the glans penis at birth, often removed by surgery called circumcision.
- *Glans penis*: the tip or head of the penis.
- *Pituitary gland*: the master gland controlling sexual characteristics. In the male it controls the production of sperm, sexual excitement, and the release of testosterone (and thus the appearance of secondary sexual characteristics such as the growth of hair and voice change).
- *Prostate glands*: produce a milky alkaline substance known as semen. In the prostate the sperm are mixed with the semen to give sperm greater mobility.
- *Scrotum*: the sac of skin located just below the penis, in which the testes and epididymis are located.
- *Testes*: the two oval sex glands suspended in the scrotum that produce sperm. Sperm are the gene cells that fertilize the ova. They are equipped with a tail-like structure, which enables them to move about through a swimming motion. After being ejaculated from the penis into the vagina, they attempt to swim through the cervix into the uterus and into the Fallopian tubes where fertilization takes place. If one penetrates an egg, conception occurs. Although the testes regularly produce millions of sperm, the odds against any particular sperm penetrating an egg are enormous. The testes also produce testosterone, the male hormone that affects other aspects of sexual development.
- *Ureter*: a tube connecting each of the kidneys with the bladder.
- *Urethra*: a canal that connects the bladder with the opening of the penis. It is also the path taken by the preseminal fluid and sperm during ejaculation.
- *Vas deferens*: a pair of tubes that lead from the epididymis up to the prostate. They carry the sperm when the male is sexually aroused and about to ejaculate.

## THE COMMON MYTHS OF PUBERTY

There are few terms that conjure up images of adolescence as much as the term *puberty*. Adults often remember puberty as a period of awkwardness in early adolescence; and photos of the early teen birthdays often confirm those remembrances! There is a lot of personal or common sense knowledge about puberty, but only recently have psychologists started to look at puberty as more than a “given” of adolescence. As with any body of knowledge that is originally built upon personal impressions, the period of puberty has not always been represented in its truest form.

### Myth 1: Puberty Starts at One Point in Time

In fact, puberty is a process that takes place over several years. The term puberty comes from the Latin word *pubescere*, which means “to grow hairy.” Biologically, puberty is a series of gradual biological changes that lead to reproductive maturity (Rowe & Rodgers, 1989). That is, these changes make the adolescent able to reproduce.

Psychologists argue that puberty is not just a biological process. It involves more than just hormonal changes. The individual’s social life is also involved (Kreipe &

Strauss, 1989; Petersen, 1987). Growing mental abilities and evolving relations with family and friends interact with biological changes. For example, a hormonal change, which may cause temporary feelings of depression, can be made even worse by social change such as an argument about going to a party (Petersen, 1987). Puberty, therefore, is viewed as a *biopsychosocial* concept. “Bio” refers to biological change. “Psycho” refers to psychological adjustment. “Social” refers to the influence of family, peers, and community (Wilson & Keye, 1989).

## Myth 2: Puberty Strikes without Warning

If you listen to parents, it may sound as if the process of puberty starts without warning. “Whatever happened to our wonderful little child?” they often lament. In fact, all three biopsychosocial factors are in a constant state of growth, which is even more rapid than that during the first two years of life (Vaughan & Litt, 1990).

The seeds of this rapid pubescent change are present in the developing fetus (Calderone, 1985). Film of a male fetus at 29 weeks of age (taken with an ultrasound scanner, a device that detects images through the mother’s abdomen) demonstrates that even as a fetus is developing, his reproductive system is functioning. It functions as a series of reflexes that mimic the adults’ reproductive system—complete with penile erection—occurring in cycles during sleep (Calderone, 1985). The reproductive system is fully present in the infant, but **hormones** suppress it until early puberty.

## Myth 3: Puberty Is the Result of Raging Hormones

To untangle the myth that young adolescents become highly emotional because of increased hormone flow, let’s first consider the question: what exactly are hormones? Hormones are chemicals released by the **endocrine system**. They act as messengers that trigger physical change. There is some truth in this myth: hormones *do* play a large role in the biological changes of puberty. However, enough is known about the hormones to be able to pinpoint which ones are responsible for which changes. The notion that the hormones produce all changes, from mood swings to acne, is an overstatement of their power. Hormones do not work in isolation. Other forces, such as social interaction are also involved (Smith, 1989). The adolescent is always interpreting biological changes mentally, so it is hard to determine what part of puberty is strictly biological (Kreipe & others, 1989; Lerner & Foch, 1987).

## THE BIOLOGICAL BASIS OF PUBERTY

### The Endocrine System and the Hormonal Basis of Puberty

The endocrine system is regulated by endocrine glands. The main endocrine gland is called the **pituitary gland**. It is known as the “master gland.” The pituitary gland secretes hormones into the bloodstream that travel to the brain. These pituitary hormones are known as **gonadotropins**. When the gonadotropins reach the brain, they stimulate the production of more hormones in other glands (Petersen, 1987). Hormones regulate the growth of the reproductive systems.

## TALKING ABOUT THE "HOT" TOPICS OF PUBERTY

When we talk to adolescents about the myths of puberty (or about menstruation or "wet dreams," or about any other aspect of physical development), most of us want to be helpful, which leads to a tendency to lecture. This is a mistake.

Because puberty is so great and rapid a change, because it seems so mysterious, and especially because it is so linked to sexuality, the average teenager is embarrassed by the subject. Most have fearful feelings about it. They frequently wish they could just forget about it. Thus they have a hard time hearing us when we insist on explaining things to them.

On the other hand, the profound changes that their bodies are undergoing make it difficult to neglect the topic. They often feel a need to express their confusion and fear. Those of us who work with them can do no greater service than to encourage them to express those concerns. We should avoid the temptation to calm their fears with our explanations, which often makes them feel we are not listening.

It is much better, at the beginning of such a discussion, at least, to respond to their remarks empathetically. "That must make you feel weird." "Yes, I remember feeling just like that." "It's not easy to deal with that, is it?" When you respond this way, sooner or later you will be asked for your opinion. Now your help will be welcomed and, therefore, far more likely to be helpful.

Amazingly, the whole endocrine system is in place at the time of birth. Researchers speculate that right before birth, the fetus goes through a "test" of the system perinatally, but then the system is suppressed (Petersen, 1987). During the first seven to nine years of life the body suppresses any release from the endocrine glands. Apparently it is programmed into the system that early childhood is not a time for reproductive maturity.

At around age seven, a gradual activation process occurs. At this point the body becomes ready for hormonal change. The system emits some hormones, resulting in changes in hormonal balance that occur during sleep. In both boys and girls, gonadotropins called LH (luteinizing hormone) and FSH (follicle-stimulating hormone) are dispatched in tiny bursts during sleep (Nottelmann & others, 1987a). Although you cannot see any difference in the child, this process is a preview of change to come.

Soon the endocrine system becomes ready to function fully. In boys the increased level of LH eventually stimulates the testes to produce the hormone called **testosterone**. Testosterone, in turn, triggers the changes well associated with puberty for boys: genital growth, increased body hair, change of voice. The increase in FSH in boys stimulates the growth of testicles and the production of sperm.

In early adolescence (age 10 to 12), girls' bodies store LH. FSH makes the ovaries release hormones that trigger changes associated with puberty for girls: breast development,



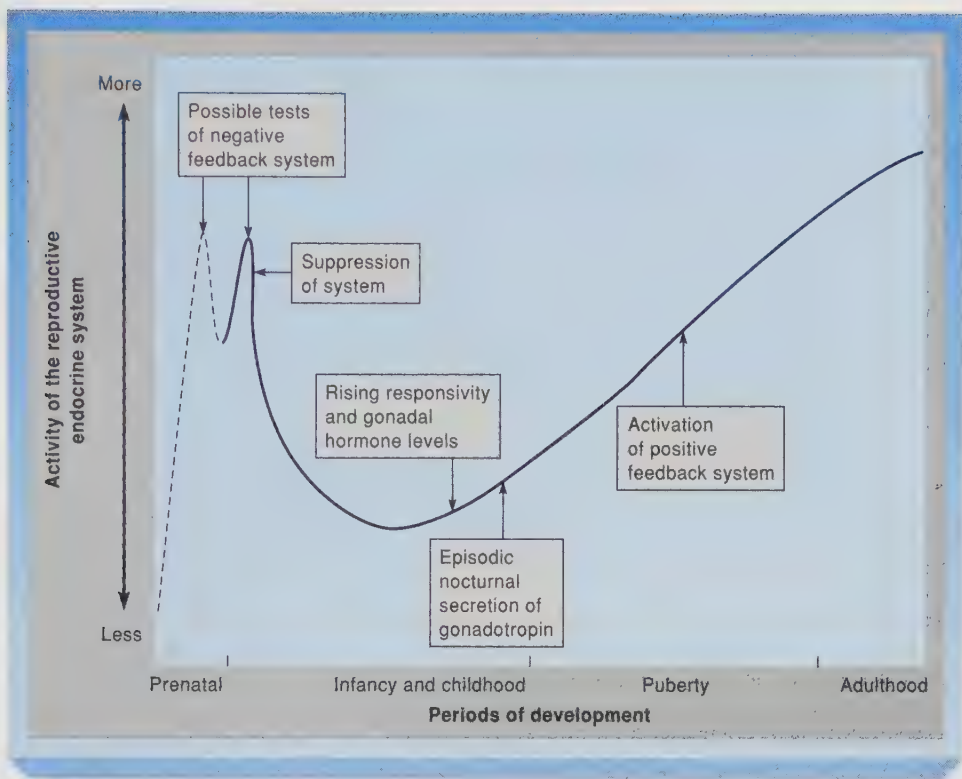


Figure 3.3 Schematic illustration of changes in the endocrine system from prenatal to adult development.

From A. C. Petersen, "The Nature of Biological-Psychosocial Interactions," in R. M. Lerner, *Biological Psychosocial Interactions in Early Adolescence*. Copyright © 1987 Lawrence Erlbaum Associates, Inc., Hillsdale, NJ. Reprinted by permission of publisher and author.

increased body hair, and menstruation. This series of pubertal changes ultimately usher in biological adulthood, but they happen gradually (Thornburg & Aras, 1986).

The endocrine system is often called a "feedback system." This is because glands only release hormones when they receive feedback from the system that it is ready. In adulthood, the system is active and steadily functioning. Figure 3.3 depicts this process from childhood to adulthood.

Puberty is a time of tremendous physical growth and change. This growth includes change in height, skeletal and body composition/weight distribution, and change in secondary sex characteristics (pubic hair, breast development, change of voice). Also included are the reproductive capacities: "spermatogenesis," which is the ability to produce sperm in males, and ovulation, the ability to release ova (the eggs that can be fertilized by sperm) in females. In addition to the hormonal changes noted above, these events are influenced by two other factors: genes and nutrition.

## Genetic Influences

To understand the way heredity affects puberty, researchers often study identical or monozygotic twins—twins who are produced from the fertilization of one egg (“mono” “zygote”). These children are compared to fraternal or dizygotic twins—twins that are produced from the fertilization of two (“di”) separate eggs. This helps in establishing the direct effect of genes.

Rowe and Rodgers (1989) reviewed many such studies. They concluded that most of the changes in puberty appear to be caused by genes. Genes have their greatest influence on the rate of increased rapid growth and weight. The amount of body hair (Tanner, 1990) and the timing of **menarche** (first menstruation) (Thornburg & Aras, 1986) are also affected by genes.

## Nutritional Influences

The impact of nutrition on physical development during puberty has recently received much attention in the United States (Brooks-Gunn, 1988; Rees & Trahms, 1989; Thornburg & Aras, 1986). This is probably due to two factors that primarily reflect female puberty: the **secular trend** in Western countries and the increased attention to the impact of **eating disorders**. Let us examine each more closely.

The secular trend refers to the decreasing age of the onset of puberty, including a significant *drop* in the average age at which females in a particular country reach menarche. In Western countries, the average age of menarche has declined about three months per decade over the past 100 years. In the United States, 17 was the average age in the late eighteenth and early nineteenth centuries (Vaughan & Litt, 1990). Today the average age of onset is 12.5. Most researchers feel that improved nutrition, sanitation, and health care are responsible for the trend, and that we are now at a period of leveling off (Brooks-Gunn, Petersen, & Eichorn, 1985). We think nutrition is involved because girls must typically achieve a certain proportion of body fat before they can menstruate (Frisch, 1988).



Anorexia nervosa has become an increasingly frequent problem among adolescent females.

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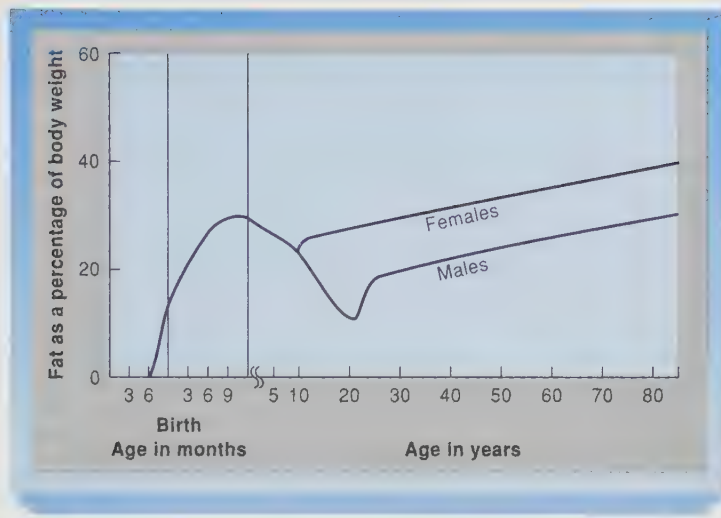


Figure 3.4 Percentage of body weight represented by fat.

From *Fatness and Maturity* by R. E. Frisch. Copyright © 1988 by Scientific American, Inc. All rights reserved.

Studies of female athletes and dancers have shown that a lack of fat can delay menarche or can stop menstruation after it has begun (Brooks-Gunn, 1987).

Studies of eating disorders have also shown that nutrition can impact menstruation (Thornburg & Aras, 1986). For example, studies of anorexia nervosa have added greatly to our knowledge of the impact of malnutrition on pubertal development. Anorexia nervosa is an eating disorder whereby a person (generally female) drastically reduces her food intake.

Studies have shown that when an anorexic girl loses 15 percent of her body weight, she will generally stop menstruating (**amenorrhea**) (Brooks-Gunn & Petersen, 1984). At this time, there is no research that looks specifically at the impact of weight loss on male puberty. This may be because male sexual development does not depend directly on fat reserves as does female sexual development (see Figure 3.4). We will have much more to say about eating disorders in Chapter 11.

Whereas pubertal development in females is associated with increases in body fat, in males the pubertal weight spurt is due primarily to increased muscle (Vaughan & Litt, 1990). Female sexual development ultimately centers on the capacity for *gestation* (to be pregnant) and *lactation* (to be able to breast-feed a baby)—both processes that require female body fat stores for fuel (Savin-Williams & Weisfeld, 1989). In a society that values slimness, the changes in the female reproductive system are especially disconcerting to early adolescent girls. Not surprisingly, therefore, eating disorders are most prominent in female populations—about 19 out of 20 cases (Thornburg & Aras, 1986).

In reviewing research on the impact of nutrition on puberty in both males and females, Rees and Trahms (1989) note that eating too little is not the only problem. Obesity may cause the body to try to keep itself abnormally fat, instead of utilizing that fat for the growth spurt characteristic of adolescence.

## SEQUENCE OF MALE PUBERTAL CHANGES

- Testicular enlargement.
- Change in texture and color of skin on scrotum.
- Increased growth of penis (usually around 12.5 years).
- Growth of pubic hair.
- Growth spurt of height; enlargement of body through muscle tone (this usually occurs 1 year after testicular enlargement).
- First ejaculation of seminal fluid or a “wet dream” or “nocturnal emission.”
- Seminal fluid is usually infertile until further development of prostate gland and seminal vesicles.
- Growth of axillary hair (arms, legs, chest).
- Growth of facial hair (usually first upper lip, lower lip, and then chin).
- Breaking of voice (this is due to the increased length of the vocal cords which follows from the growth spurt of the larynx).
- Breast change. Yes, in males, too. There is an increase in the diameter of the areola (circle around the nipple), and with some boys there is temporary enlargement of the breasts. This is relatively unnoticeable and will go away with time. When male breasts increase in size in a more pronounced manner, this is a condition called **gynecomastia**. We will discuss this later in the chapter.
- More penile growth, and enlargement of prostate gland and seminal vesicles (this results in more potent sperm).
- Hair growth from pubic area to navel.
- Start of recession of hairline on scalp.

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From J. M. Tanner, “Sequence & Tempo in the Somatic Changes in Puberty” in M. Grumbach, *Control of the Onset of Puberty*, 1974. Reprinted by permission of M. M. Grumbach.

## THE SEQUENCE OF EVENTS IN PUBERTY

Puberty is predictable in terms of the sequence of changes in the sex characteristics that occur in any healthy adolescent. What is unpredictable is the timing (Brooks-Gunn, 1988; Brooks-Gunn & Warren, 1988). While the order in which changes occur (the sequence) is the same for most teens, it is important to note that an adolescent may experience rapid bodily change in one area and not in another (Vaughan & Litt, 1990). The sequences of bodily change presented in Tables 3.1 and 3.2 may vary somewhat from individual to individual. Mainly, however, these sequences of change are standard throughout the world.

## THE CONTRAST OF MALE AND FEMALE PUBERTAL CHANGE

Look at a photo of any junior high school class. You can't help but notice that many of the girls are taller and more developed than the boys. This difference has existed for a very long time (see Figure 3.5).



## SEQUENCE OF FEMALE PUBERTAL CHANGES

- Growth spurt (height and weight increase; fat is added to hips).
- Growth of breasts (called breast buds in the earliest stage). This includes some enlargement of the areola.
- Growth of vagina and change of pH balance of vaginal mucus (Thornburg & others, 1986).
- Growth of pubic hair. This usually occurs around 6 months after breast buds; although Tanner (1989) estimates that one-third of all girls develop pubic hair before breast buds.
- Continued growth of breasts and pubic hair.
- Growth of the uterus.
- Enlargement of ovaries.
- Menarche. This usually occurs when the growth spurt for height is declining most rapidly.
- The advent of female fertility. This usually occurs 12 to 18 months after menarche. As with other developmental paths, adolescents cannot assume that they are sterile at first menarche, as there is great individual variation.

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From J. M. Tanner, "Sequence & Tempo in the Somatic Changes in Puberty" in M. Grumbach, *Control of the Onset of Puberty*, 1974. Reprinted by permission of M. M. Grumbach.



Figure 3.5 Comparison of male and female growth (King, 1914).

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Table 3.3

## COMPOSITE OF THE SEXUAL MATURITY RATING SCALE

Characteristic			
Stage	Genital Development <sup>a</sup>	Pubic-Hair Development <sup>a,b</sup>	Breast Development <sup>b</sup>
1	Testes, scrotum, and penis are about the same size and shape as in early childhood.	The vellus over the pubes is not further developed than over the abdominal wall, e.g., no pubic hair.	There is elevation of the papilla only.
2	Scrotum and testes are slightly enlarged. The skin of the scrotum is reddened and changed in texture. There is little or no enlargement of the penis at this stage.	There is sparse growth of long, slightly pigmented, tawny hair, straight or slightly curled, chiefly at the base of the penis or along the labia.	Breast bud stage. There is elevation of the breast and the papilla as a small mound. Areolar diameter is enlarged over that of stage 1.
3	Penis is slightly enlarged, at first mainly in length. Testes and scrotum are further enlarged than in stage 2.	The hair is considerably darker, coarser, and more curled. It spreads sparsely over the function of the pubes.	Breast and areola are both enlarged and elevated more than in stage 2 but with no separation of their contours.
4	Penis is further enlarged, with growth in breadth and development of glans. Testes and scrotum are further enlarged than in stage 3; scrotum skin is darker than in earlier stages.	Hair is now adult in type, but the area covered is still considerably smaller than in the adult. There is no spread to the medial surface of the thighs.	The areola and papilla form a secondary mound projecting above the contour of the breast.
5	Genitalia are adult in size and shape.	The hair is adult in quantity and type with distribution of the horizontal (or classically "feminine") pattern. Spread is to the medial surface of the thighs but not up the linea alba or elsewhere above the base of the inverse triangle.	Mature stage. The papilla only projects with the areola recessed to the general contour of the breast.

From A. C. Petersen, et al., "A Self-Report measure of Pubertal Status" *Journal of Youth and Adolescence*, 17:117-134, 1986. Copyright © 1986 Plenum Publishing Corporation, New York, NY. Reprinted by permission of the publisher and the authors.

<sup>a</sup>For boys.

<sup>b</sup>For girls.

The growth spurt for females occurs almost two years earlier than for males. Females generally start a growth spurt around age 10.5, and males generally start a growth spurt around age 12.5. For both sexes it lasts approximately two years. The development of pubic hair generally happens about nine months earlier in females than in males. In addition, the development of breasts give a more publicly noticeable sign of pubertal development in girls than development of the male testes, which occurs only six months later than female breast development (Diamond & Diamond, 1986).

In an effort to quantify the changes in sexual maturity both between and within the sexes, Tanner devised the *Sexual Maturity Rating Scale* (SMR), which has been used extensively in research concerning adolescent development (Dorn & others, 1990; Nottelmann & others, 1987b; Westney & others, 1984). The scale presents a sequence of development for genital development in males, breast development in females, and pubic hair development in both. It is often presented as a series of pictures or sketches that the adolescent, parent, or medical practitioner uses to describe the state of an adolescent's development in each area. The scale has been criticized for its implicit message that all development proceeds in a certain sequence (Brooks-Gunn & others, 1985); however, it is a useful tool for gathering highly personal information from adolescents.

Table 3.3 is a composite of the SMR stages (Petersen & Taylor, 1980). Figure 3.6 portrays sketches of Tanner's (1990) stages of adolescent penis and scrotum development. Figure 3.7 depicts sketches of Tanner's (1990) stages of adolescent breast development.

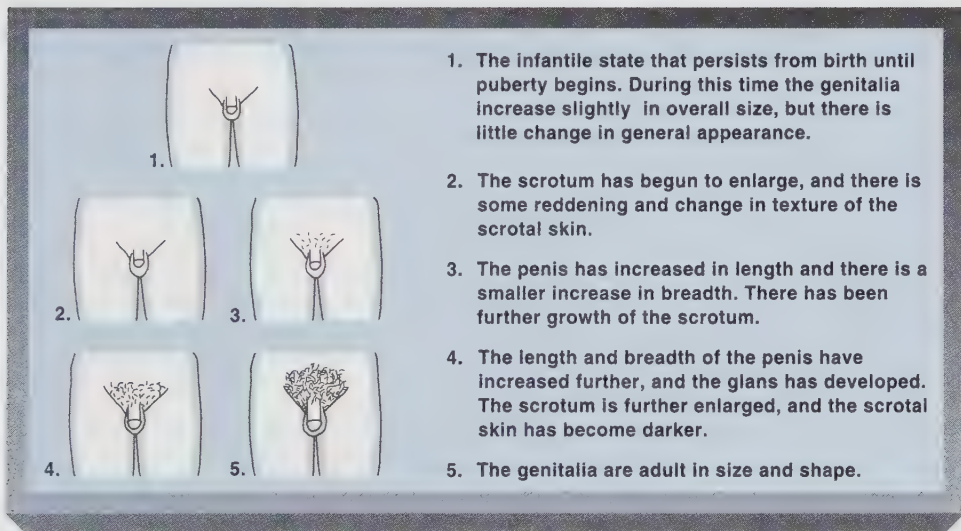


Figure 3.6 Sketches of Tanner's stages of adolescent penis and scrotum development.

Source: Petersen & Taylor, 1980, p. 128.

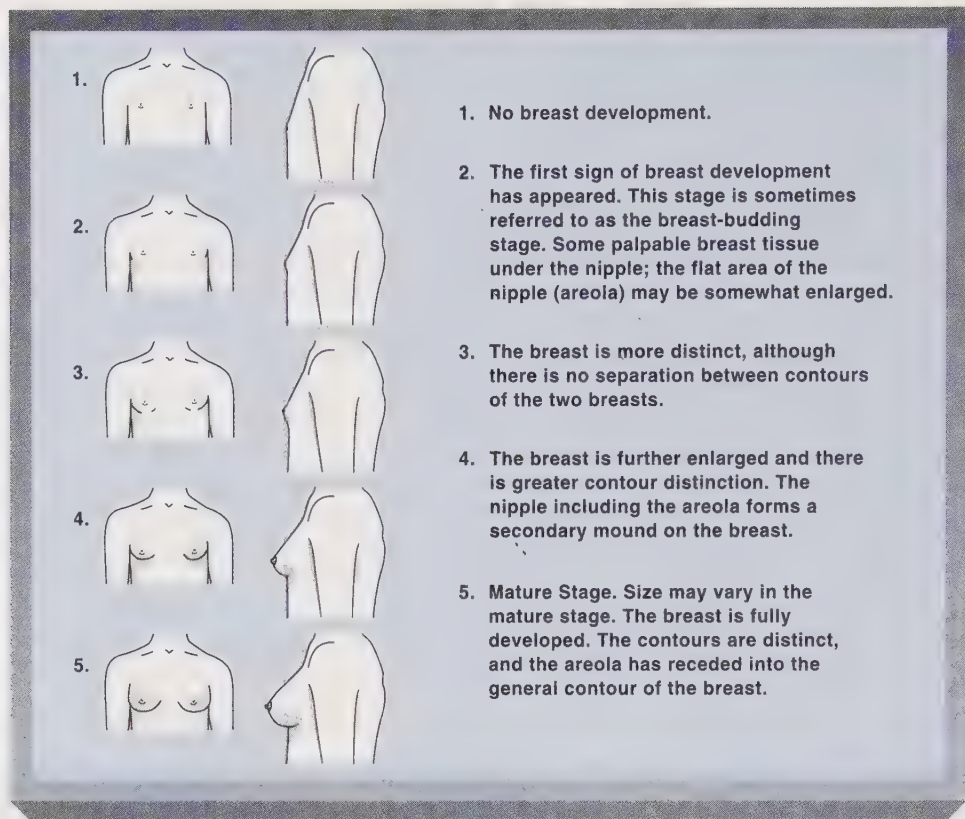


Figure 3.7 Sketches of Tanner's stages of adolescent breast development.

Source: Petersen & Taylor, 1980, p. 127.

## Menarche

**Menarche** (the onset of menstruation, pronounced "men-ark-ah") has been studied more than any other aspect of puberty (Brooks-Gunn, Peterson, & Eichorn, 1985; Brooks-Gunn & Warren, 1989; Kitahara, 1984). The general findings are that menarche evokes a myriad of responses from individual girls. Most describe both positive and negative feelings (Petersen, 1983). As with other biological changes in adolescence, the individual's perception of menarche depends on her experience. When girls are well prepared for menarche, they are more likely to formulate positive impressions of the experience (Brooks-Gunn, 1987).

Rierdan and Koff (1985) looked at the relationship between the age at which menarche occurred and the person's feelings about it. They asked 87 college women to recall the date on which their menarche occurred. They then asked these women to estimate the percentage of peers that reached menarche before them, and to rate their own experience of menarche on a scale from positive to negative. They found that the women's sense of



## USING THE “SEXUAL MATURITY RATING SCALE”

When professionals need to communicate with each other about an adolescent's development, they often must include specific data on the precise state of the youth's bodily development. Such a need may occur among doctors, educators, psychologists and/or others in our field. For example, researchers often require very precise definitions of development when looking at the relationship between such variables as nutrition and body development. A nurse may require medical advice over the phone, as in the case of an emergency, and may need to describe the patient's physical development in detail.

It is not sufficient to make such statements as “physically in early adolescence” or “has reached pre-adult development.” Tanner's SMR Scale allows us to be more accurate than we could be without it, because it gives us agreed-upon reference points for making clear descriptions. Looking at the scale, can you remember at what ages you reached the various stages? Were you early or late? Did it matter?

when menarche appeared in comparison to their peers was critical to how they felt about the experience. Women who *felt* they were on time were most happy; and those who felt they were early recalled menarche most negatively. However, the researchers also found that 45 percent of the women who were objectively on time (by the date they gave for their menarche) perceived themselves as being either late or early.

## Menstruation

While reactions to menarche have been extensively studied, only recently has menstruation been studied, as it occurs during the adolescent years. In particular, two health problems associated with menstruation have been studied: **dysmenorrhea**, or menstrual cramps, and **premenstrual syndrome (PMS)**, a series of behavioral, emotional, and physical symptoms that occur regularly around a week before menstruation (Fisher, Trieller, & Napolitano, 1989; Wilson & Keye, 1989). These two conditions have previously been considered to be problems that only adult women experience, but studies show that adolescents experience both conditions in the same frequency and intensity as adults.

In the case of dysmenorrhea, Wilson and Keye (1989) found that 91 percent of their sample of 88 girls age 15 to 18 experience cramps, and of that group 64 percent of the girls rated the cramps as moderate to severe. Dysmenorrhea is now medically known to be caused by the release of a hormone called prostaglandin by the uterus during menstruation. Many females can be treated for cramps by an antiprostaglandin. However, in their study they found that girls viewed cramps as just part of the normal female experience that is untreatable. Wilson and Keye (1989) note that misinformation about dysmenorrhea and the lack of attention to adolescents' complaints about menstrual cramps may lead to a negative view of menstruation that is passed down generationally and in peer groups.

Premenstrual syndrome (PMS) had also been widely assumed to be only present in adults. Fisher and others (1989) studied 207 high school females age 16 to 18 and found

## WHAT WAS YOUR REACTION TO MENARCHE?

### Typical Responses of College Women

"I felt grateful. It meant I was normal. There was always that chance that I'd be the last one to get it, or not get it until I was 17."

"I was scared and embarrassed, mostly embarrassed. I felt like everyone who looked at me could tell I was wearing one of those awful Kotex pads!"

"I was terrified that my mother would tell my father and he'd tell my brothers. He would only tell them so they'd be more understanding, but I knew they'd only make fun of me."

"I just didn't want to think about it. It was the 'curse.'"

"All I could think of was what I would feel if someone saw me buying sanitary napkins at the drugstore."

"I laughed. I don't know why. I just thought it was funny."

"My mother and my school had prepared me for it, and although it was a surprise, it was kind of exciting to feel like I was a woman."

"When it happened, my mother called my older sister, my aunt, a female friend of hers, and me together in our den. She said, 'I have an announcement to make. We are all women here.' Everyone knew what she meant, and it was like a celebration. It made me feel really proud!"

"When I finally got it (I was 14), my mother told my father, who came to me and said, 'I hear you got your period, Judy. Congratulations.' Then he shook hands with me. I thought I would *die* with embarrassment!"

"My mother must have neglected to tell me the whole story in advance (I was only 11), because when I got it, I said, 'Well, I certainly am glad *that's* over with!'—thinking it only happened once!"

that three-fourths of their sample experience PMS as, at least, general discomfort. Like adults, the adolescents reported symptoms of backache, headaches, water retention, fatigue, and feelings of depression or being blue during the week before menstruation. Some think that PMS may be the result of social expectancy or knowing that one is *supposed* to feel like that before menstruation. However, even if this is the case, Fisher and her colleagues (1989) contend that adolescent complaints of PMS should be taken as seriously as adult complaints. This is not to say that medication is always needed, but the possibility should not be discounted either.

### Male Concerns

There really isn't an event in male puberty that has been studied as female menstruation has. Ejaculation or the first "wet dreams" may be similar events in terms of reproduction, but it is not in terms of social recognition or acceptance (Brooks-Gunn & Petersen,

## WHAT WAS YOUR REACTION TO “WET DREAMS”?

### Typical Responses of College Men

“I don’t remember.”

“I remember thinking, ‘Anything that feels this good must be a sin.’ Sure enough, a friend told me he asked a priest, and was told that if you want it to happen, that’s a mortal sin. I really hated that guy for telling me!”

“I was really embarrassed. I couldn’t think of a way to keep my mother from seeing it on my sheets.”

“I thought it was strange, but my older brother said it was normal and after that it was no big deal.”

“I enjoyed it, although I was sort of curious about why it was happening.”

“I thought they were fun! I didn’t feel any anxiety, but I wondered what my mother must have thought.”

“They made me very anxious, and I just wished they would stop!”

1984; Diamond & Diamond, 1986). This may be because ejaculation is often paired with masturbation, another subject that researchers are hesitant to study. This does not mean that boys have no concerns about puberty. One study of adolescents’ perception of health problems showed that adolescents (male and female) have far more questions about their bodies and health than medical practitioners expected (Levenson & others, 1987).

There are two conditions that sometimes occur during male puberty that have received attention by the medical community: **gynecomastia** and **varicocele**. Gynecomastia is the enlargement of male breasts. When it happens temporarily in the sequence of other pubertal changes, it is called Type I (Silber, 1985). When the breast enlargement persists, it is Type II. Type II gynecomastia can be a symptom of marijuana use, liver disease, or testicular disease. It can also be simply the result of hormonal imbalance. In most cases it can be treated.

Varicocele—one testicle noticeably larger than the other—is another condition that can be of concern to pubescent boys. It occurs in about a fourth of all adolescent boys (Silber, 1985) and often the difference is so slight that boys don’t even detect it. If it is severe, it can usually be treated with surgery.

## THE EFFECTS OF TIMING ON PUBERTY

A label such as “late bloomer” is often used to describe adolescents whose physical maturation lags behind that of the majority. Such labels are so much a part of how we talk about development that it is easy to classify adolescents as early, on time, or late maturers. In fact, if we only look at physical signs, it is not so hard. However, this would fail to take account of what is probably the most important factor: what adolescents themselves



think about the timing of their puberty (Blyth, Simmons, & Zakin, 1985; Brack, Orr, & Ingersoll, 1988; Brooks-Gunn, 1988; Gargiulo & others, 1987). Indeed, normalcy is in the eye of the beholder!

Adolescents compare themselves to their own circle of peer groups (Gargiulo & others, 1987) and form judgments about themselves based on that information. For example, a boy who is the smallest on the football team may perceive himself as being a late maturer, when another boy the same size whose friends are not football players might see himself as average. A study of female ballet dancers found that the girls did not see themselves as late developers (although their bodies would be classified as such on the Tanner scales). This was because their referent group was other ballet students (Gargiulo & others, 1987).

How the adolescent appears to peers, family, and community will affect how she or he will be treated by those people (Zakin, Blyth, & Simmons, 1984). The adolescent who looks older will usually be treated as being older, even by individuals who know the adolescent's actual age. Since physical maturity does not equal cognitive maturity (Orr, Brack, & Ingersoll, 1988), being treated as an adult can be disruptive for both males and females.

There are some differences in the way that timing of pubescent change affects boys and girls. Studies show that for "early" boys, pubescent traits such as being more muscular, taller, and having a deeper voice are perceived (by adolescents) to be positive (Brack & others, 1988).

For "early" girls, whose pubertal changes include larger breasts and hips and increased body fat, these changes are often perceived negatively (Brooks-Gunn, 1988; Rierdan & others, 1988; Zakin & others, 1984). Early maturing girls often have poor body image because they compare themselves to adult ideals (Brooks-Gunn, 1988; Duncan & others, 1985). Sometimes early maturing girls engage in behaviors such as dating and smoking that are more characteristic of late adolescents. In doing so, they often believe they are joining a reference group that will help them feel more "normal." Some research has found that both male and female early-maturing adolescents are more likely to be interested in the opposite sex (Smith, Udry, & Morris, 1985). However, it is difficult to tell if these adolescents seek such experiences or if they simply attract that experience to them because of their appearance.

## Eight Different 14-Year-Olds

In this section, eight adolescents, four males and four females, are compared to illustrate the differences that often occur among children even though they are all in the **normal range of development**. Each adolescent is 14 years old. The first female and male are early maturers, the second are average maturers, and the third are late maturers. They all fall within the typical range of all adolescents. The fourth female and male represent average adolescents of one hundred years ago.

### *The Early-Maturing Female: Ann*

At 5 feet, 5 inches and 130 pounds, Ann is considerably bigger than her agemates. Her growth accelerated when she was 8 years old, and by the time she was 10½, her maximum growth spurt crested. She is still growing taller but at a slower rate. Her motor development



(coordination and strength) had its greatest rate of increase two years ago. She is stronger than her agemates, but her strength and coordination have reached their maximum.

She started menstruating three years ago, at age 11, and her breasts are already in the secondary (adult) stage. Her pubic and underarm hair are also at an adult stage.

Ann is confused about the way her body looks. She feels conspicuous and vulnerable because she stands out in a crowd of her friends. Her greater interest in boys, and their response, often causes conflicts with other girls. They envy the interest the boys show in her more mature figure. She often has negative feelings about herself because she is "different." Other girls tend to avoid her now because her early maturation makes her seem older than they are. In later adolescence, she may experience some difficulties; she may find herself in situations (such as with drugs, sex, or drinking) for which she is not yet prepared. She may also find that her dancing partners are not as tall as she is.

In summary, we can say that while Ann is experiencing difficulties with her early maturity, she will begin to feel better about herself as she approaches age 16.

### *The Average-Maturing Female: Beth*

Although Beth is also 14, she is different in almost every way from Ann. She represents the typical adolescent today in the sense of being average in her measurements and physical change. It is clear that there is no "average" adolescent from the standpoint of personality and behavior.

Beth is 5 feet, 3 inches tall and weighs 120 pounds. She reached her maximum growth spurt two years ago and is also starting to slow down. She is presently at the peak of her motor development.

Her breasts are at the primary breast stage; she is beginning to need a bra, or thinks she does. She started menstruating two years ago. She has adult pubic hair, and her underarm hair is beginning to appear. She feels reasonably happy about her body, and most, but not all, of her relationships with her peers are reasonably satisfying. Although she does have some occasional emotional problems, they are not related to her physical development as much as are Ann's.

### *The Late-Maturing Female: Cathy*

Cathy is at the lower end of the normal range of physical development for a 14-year-old girl. She is only 4 feet, 8 inches tall, weighs 100 pounds, and is just beginning her growth spurt. She is not too happy about this, because she feels that the other girls have advantages in relationships with boys.

Cathy's breasts are at the bud stage; her nipples and encircling areolae are beginning to protrude, but she is otherwise flat-chested. She has just begun menstruation. Pubic hair growth has started, but as yet no hair has appeared under her arms.

Other girls tend to feel sorry for her, but they also look down on her. She is more dependent and childlike than the others. She feels a growing dislike for her body, and she is becoming more and more introverted and self-rejecting because of it. At this stage her immaturity is not a great disability; at least she is more mature than some of the boys her age. As she reaches later adolescence, her underdeveloped figure may be a more serious source of unhappiness for her if she accepts conventional standards of sexual desirability.

## *The Average Adolescent Female of One Hundred Years Ago: Dorothy*

Although records of adolescent physical development of one hundred years ago are less than adequate, we can be fairly certain about some of the data. Dorothy, who was typical for her time, was physically much like Cathy is now. At 4 feet, 7 inches, she was one inch shorter, and at 85 pounds, she weighed 15 pounds less than Cathy.

At age 14, Dorothy would still have had four years to go before her peak of motor development, and she would not have started to menstruate for another year. In all the other physical ways she looked a great deal like Cathy. The major difference between the two girls is that while Cathy is unhappy about her body's appearance, Dorothy, who was typical, felt reasonably good about hers.

## *The Early-Maturing Male: Al*

Al finds that at 5 feet, 8 inches tall, he towers over his 14-year-old friends. He reached his maximum growth spurt approximately two years ago and weighs 150 pounds. He is now about two years before the peak of his motor development. His coordination and strength are rapidly increasing but, contrary to the popular-myth, he is not growing clumsier.

As adolescents reach their peak of motor development, they usually handle their bodies better, although adults expect them to have numerous accidents. It is true that when one's arms grow an inch longer in less than a year, one's eye-hand coordination suffers somewhat. However, the idea of the gangling, inept adolescent is more myth than fact.

Al's sexual development is also well ahead of that of his agemates. He already has adult pubic hair, and hair has started to grow on his chest and underarms. He began having nocturnal emissions almost two years ago, and since then the size of his genitals has increased almost 100 percent.

Because our society tends to judge male maturity on the basis of physique and stature, Al's larger size has advantages for him. He is pleased with his looks, although once in a while it bothers him when someone treats him as though he were 17 or 18 years old. Nevertheless, he uses the advantages of his early maturity whenever possible.

His friends tend to look up to him and to consider him a leader. Because size and coordination often lead to athletic superiority, and because success in school sports has long meant popularity, he has the most positive self-concept of all the adolescents described here, including the females. He has a good psychological adjustment, although he is sometimes vain, and is the most confident and responsible of this group. He engages in more social activities than the others, which also occasionally gets him into trouble, because he is not psychologically ready for some of the social activities in which he is permitted to participate.

## *The Average-Maturing Male: Bob*

Interestingly, Bob is exactly the same height (5 feet, 3 inches) as his "average" female counterpart, Beth. At 130 pounds, he outweighs her by 10 pounds. He is currently in the midst of his maximum growth spurt and is four years away from reaching the peak of his coordination and strength.

His sexual development began about a year ago with the start of nocturnal emissions, and he is just now starting to grow pubic hair. As yet he has no hair on his chest or under his arms. However, his genitals have reached 80 percent of their adult size.

Bob gets along well with his agemates. He is reasonably happy with the way his body has developed so far, although there are some activities that he wishes he could excel in. Most of the attributes that he aspires to are already possessed by Al, whom he envies. This causes few problems, as Bob still has every reason to hope his body will develop into his ideal physical image.

### *The Late-Maturing Male: Chuck*

Chuck is also similar in stature to his counterpart, Cathy. They are both 4 feet, 8 inches tall, although at 90 pounds, Chuck is 10 pounds lighter than Cathy. He is a year and a half away from his maximum growth spurt and must wait six years before his motor development will peak.

Chuck's sexual development is also lagging behind those of the other two boys. His genitals are 50 percent larger than they were two years ago, but as yet he has no pubic, chest, or underarm hair. He has not yet experienced nocturnal emissions, although these are about to begin.

Of the adolescents described here Chuck is the least happy with his body. His voice has not yet changed, and he is much smaller and not as strong and coordinated as the other boys. They tend to treat him as a scapegoat and often ridicule him. He chooses to interact with boys who are younger than himself and is attracted to activities in which mental rather than physical prowess is important, such as chess and band. He avoids girls, almost all of whom are more physically mature than he. This lack of heterosexual experience may later affect his self-concept.

Chuck lacks confidence in himself and tends to be dependent on others. He was of almost average size in grammar school and now feels he has lost prestige. He frequently does things to gain the attention of others, but these actions seldom bring him the acclaim he craves. Probably as a result, he is more irritable and restless than the others and engages in more types of compensating behaviors.

### *The Average Adolescent Male of One Hundred Years Ago: Dan*

At 4 feet, 7 inches, Dan was shorter than Chuck by one inch, and weighed the same, 90 pounds. He trailed Chuck in sexual development by two years, and, at age 14, his genitals had increased only 20 percent in size.

However, the major difference between Chuck and Dan lies in self-satisfaction. While Chuck is extremely unhappy about the way he is developing, Dan was as happy as Bob is now because he was quite average for that time. Although we cannot know what Dan's relationship with peers was like or how he viewed himself, we can guess that these were quite similar to Bob's.

The preceding descriptions illustrate the great variability in adolescent growth and in adolescent responses to growth. It should be kept in mind, however, that self-image and peer relationships are not entirely determined by physique. Reaching puberty "on time"

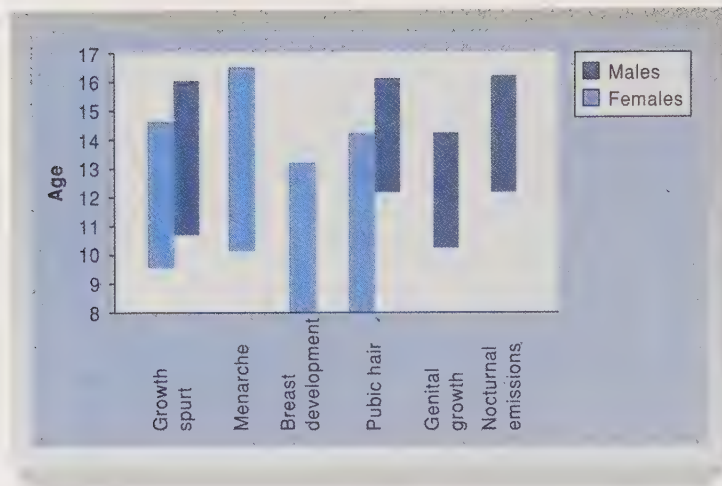


Figure 3.8 Age ranges of normal adolescent body development.

does not guarantee a charmed life. Adolescents who have clarified their values and set their own standards are not likely to be overly affected by the timing of pubertal changes or the peer approval or disapproval brought about by them.

Figure 3.8 details the age ranges considered normal for development. Adolescents who experience these changes earlier or later may have no medical problem, but it is probably a good idea to consult a doctor. If a glandular imbalance exists, the doctor can usually remedy the problem with little difficulty.

## BODY IMAGE

**Body image** (how people believe they look to others) is an important part of a person's self-concept and self-esteem (see Chapter 6). This is especially true during adolescence. Adolescents of both sexes are concerned about the appearance of their bodies (Winship, 1991; Dacey, 1986; Elkind, 1984). Some investigators have found that adolescents' judgments of their physical appearance is the *most* important factor in their self-esteem (Harter, 1990b; Simmons & Blyth, 1987). Susan Harter quotes one of the girls in her study, "What's really important to me is how I look. If I like the way I look, then I really like the kind of person I am" (Harter, 1990a, p. 367). Studies done in Turkey, England, and Finland show results similar to those obtained with American teenagers (Çok, 1990; Davies & Furnham, 1986; Wright, 1989).

At this time of rapid body change, young people are most apt to be dissatisfied with their appearance (Attie & Brooks-Gunn, 1989; Brooks-Gunn & Reiter, 1990; Harter, 1990a; Koff & others, 1990; Wright, 1989). Brooks-Gunn and Warren (1988) found that breast development has a positive influence on the body image of girls just entering puberty, but suggest that the normal increase in body fat that occurs at this time has a negative



## DEALING WITH EARLY OR LATE DEVELOPMENT

Adolescents' perceptions of their bodies during puberty has been demonstrated to be affected, sometimes quite negatively, by their own and others' assessments. Peterson (1983) mentions an increased risk of sexual abuse for the early-maturing female. Significantly early or late development has been linked to depression and eating disorders in both boys and girls (Rierdan, Koff, & Stubbs, 1988), so it is important for practitioners working with adolescents to be aware of their reactions to their physical change (or lack of it). If you know a teen who is significantly early or late in body development, be on the lookout for psychological problems. If you find evidence of such problems, make arrangements for the youth to have access to appropriate professional attention.

effect. Older adolescents are more likely to accept and approve of their bodies, but unhappiness with their physical appearance is still very common among girls in the later teen years (Heilbrun & Friedberg, 1990; Klemchuk & others, 1990; Attie & Brooks-Gunn, 1989).

Many studies indicate that during adolescence, looks become more critical for girls than for boys (Allgood-Merten & others, 1990; Steiner-Adair, 1990; Simmons & Blyth, 1987). Girls are far more likely to believe themselves to be too fat, when in fact their weight is normal for their height. Girls are also far more likely to be dieting to lose weight. In one recent study, which included 1,373 high school girls and boys of diverse racial, geographical, and economic backgrounds, girls were four times more likely than boys to be trying to lose weight (Rosen & Gross, 1987).

In spite of feminism's criticism of women treated as sex objects in the 1960s and 1970s, girls today still consider their physical attractiveness their most important asset (Brooks-Gunn & Reiter, 1990; Koff & others, 1990; Pierce, 1990; Sidel, 1990a). Since they place so much value on appearance, it is not surprising that almost every study finds that adolescent girls at every stage are more dissatisfied with their bodies than are boys (e.g., Pliner & others, 1990; Steiner-Adair, 1990; Wright, 1989; Rosen & Gross, 1987; Freedman, 1986). As a result, their self-esteem suffers. Adolescent girls have lower self-esteem than boys and generally feel less attractive (Allgood-Merten & others, 1990; Pliner & others, 1990).

Erikson's (1968) discussion of the formation of identity and self-concept in adolescence (see Chapter 6) suggests that many females view their bodies primarily as a means of attracting others, while males focus on competence and strength (Lerner & others, 1976). Recent studies, such as that by Koff and others (1990), confirm that boys in early adolescence are increasingly pleased with their bodies as they grow, while the opposite is true for young girls. It is not known whether poor body image is one of the causes or one of the results of teenage depression, but it is almost always present in depressed teens (Allgood-Merten & others, 1990; McCarthy, 1990; Rierdan & others, 1988; Noles & others, 1985).



Although their body may be within the normal range in every way, nevertheless some adolescents perceive it negatively. This is most likely to happen to those who have early or late physical development.

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## The Cultural Preference for Thinness

Teenagers in some activities (such as ballet) and jobs (such as modeling) where extreme thinness is a requirement are particularly at risk, both for inadequate nutrition and for eating disorders (Benson & others, 1989; Braisted & others, 1985; Carruth & Goldberg, 1990; Lundholm & Littrell, 1986; Rucinski, 1989). Stein and Reichert (1990) suggest that worrying about weight and dieting have become so common among adolescents that this is considered “normal.”

The current cultural ideal of the female body in Western countries demands extreme slenderness. The belief that “fat is bad, thin is beautiful” is learned long before adolescence. Maloney and others (1989) report that children as young as five believed it was important to avoid being fat. They found that 45 percent of the 318 third to sixth graders in their study wanted to lose weight, and 37 percent had tried to do so. As Striegel-Moore and others (1986) put it, “. . . from childhood, girls are encouraged to be concerned with their appearance, and may even worry about their weight” (p. 250).

Body images promoted by the entertainment and fashion industries emphasize the importance of physical appearance, and provide standards that are unrealistic for most teenagers. Hours of watching the popular MTV (Music Television) channel, which stresses physical features over personal attributes and qualities can leave little doubt, in the adolescent’s mind, about what is attractive in both young men and women (Kaplan, 1990). Magazines aimed at an audience of young girls continue to focus on the significance of physical attractiveness in both advertising and editorial content, as a recent study by Pierce (1990) empirically confirms.

Only a minority of young girls are directly involved in the subculture of beauty pageants, but many more are affected by watching them on television. Beauty pageants remain profitable for the sponsors, the participants, and the media. An estimated 55 million Americans, 75 percent of whom are females, tune in each year to the Miss America



Female body image is frequently affected by seeing slender models in clothing commercials.

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Pageant. In addition to this top pageant, the Miss Universe, Miss USA, Miss Teen USA, and all the state and local pageants that serve as preliminary eliminations required for participation at the national level, add up to a very large number of young women in bathing suits walking up and down runways and being judged almost solely on how they look. For example, in 1987 some 80,000 contestants tried to qualify for the Miss America pageant in local and state contests. Although a “talent” of some kind is a requirement for participation,

*No matter how well they juggle or sing or play “Malagueña” on the accordion, we all know that it is their measurements and pretty faces and how well they turn that are really being judged. And the message is not lost on the young women who are watching and trying to figure out who they are, what they want to be, and how they will get there (Sidel, 1990a, p. 27).*

## The Athletic Body

Adolescents engaged in athletic activities that require a particular body shape have been studied by developmental psychologists. Such athletes include runners, Nordic skiers, ice skaters, cheerleaders and dancers (Benson & others, 1989; Braisted & others, 1985). The demands are quite clear (especially in classical ballet). Participants must maintain a very low body weight to conform to the standards, and must also devote many hours to practice to maintain those standards. Female dancers are more likely to be late maturers than nondancers, and many of them fail to have normal menstrual periods. Whenever the requirements call for thinness, many youths rely on poor nutrition and other unhealthy practices such as laxatives and vomiting (see Chapter 11) to achieve a lower than normal weight (Carruth & Goldberg, 1990; Lundholm & Littrell, 1986; Rucinski, 1989).



## A Multicultural View:

### “DYEING TO WIN”

In the drive to be chosen “most beautiful,” it may be necessary to transform not only one’s body but also one’s ethnic image. In the 1988 Miss California pageant, Marlise Ricardos, a young Latino woman, tried three times to win the title, but was unsuccessful. It was only after she changed her hair color from brunette to blond and wore blue contact lenses when she competed that she was selected to represent California in the 1988 Miss America contest in Atlantic City. As journalist Anne Taylor Fleming observed, *“She’s the ultimate self-made competitor, a chemically ‘sun-streaked’ miss who rid herself of both pounds and ethnic identity to please pageant judges”* (Sidel, 1990a, p. 23).

On the other hand, more members of minority groups *have* been winning pageants in recent years. Are these contests becoming more fair, or are they as racist as they used to be?

## An Applied View:

### “LOOK BEFORE YOU LEAP”

In each of the Applied View sections of this chapter, we have recommended a course of action that you might take with teenagers who have some physical problem. We believe it is very important that you be sensitive to physical as well as other needs. However, speaking to adolescents about their bodies can be tricky.

The teen years are known as a time when people are especially touchy about physical development. When we bring gender roles into the discussion, it becomes even more so. Obviously, most adolescent females find it harder to talk about menstruation with a man than with women, and most adolescent males find it harder to talk about nocturnal emissions with a female than with a male (although they tend to find it hard to talk about “wet dreams” with anybody!). The possibility that you might be misunderstood in these areas is even greater if you are not the same gender as the teen with whom you wish to counsel. For example, despite your most sincere intentions, a teen might view your behavior as sexual harassment.

Therefore, we advocate that you “look before you leap” in this aspect of dealing with teens. That is, we think you should be especially cautious in the way you handle such discussions. It is usually a good idea to get the advice of someone who is more experienced than you before tackling this delicate problem area.



Has all this information about physical development made you think about your own body image? Perhaps you would like to have a more exact picture of how you feel about your body. If you are counseling teenagers, perhaps you would like a more precise means of measuring their body images. The boxes that follow provide a means for comparing aspects of your body with those of others, and for recording how you feel about each of these comparisons. If you complete this exercise, compare the totals of the left and right sides of each of the two columns. Do you feel good about the comparison? Are you being realistic?

## *An Applied View:*

### HOW I FEEL ABOUT MY BODY (FEMALE)

My age \_\_\_\_\_ My height \_\_\_\_\_ My weight \_\_\_\_\_ My waist \_\_\_\_\_ inches

	Compared to Others			How I Feel about It		
	Bigger, larger than average	Average	Smaller, less than average	Good	Bad	Neither
1. My height	_____	_____	_____	_____	_____	_____
2. My weight	_____	_____	_____	_____	_____	_____
3. My bust	_____	_____	_____	_____	_____	_____
4. My hips	_____	_____	_____	_____	_____	_____
5. My legs	_____	_____	_____	_____	_____	_____
6. My nose	_____	_____	_____	_____	_____	_____
	Better than average	Average	Less than average	Good	Bad	Neither
7. The quality of my hair	_____	_____	_____	_____	_____	_____
8. The beauty of my eyes	_____	_____	_____	_____	_____	_____
9. My face in general	_____	_____	_____	_____	_____	_____
10. My figure in general	_____	_____	_____	_____	_____	_____
11. My clothes	_____	_____	_____	_____	_____	_____
12. My cleanliness	_____	_____	_____	_____	_____	_____
13. My posture	_____	_____	_____	_____	_____	_____
14. My sports ability	_____	_____	_____	_____	_____	_____
15. How coordinated I am	_____	_____	_____	_____	_____	_____
16. The quality of my skin	_____	_____	_____	_____	_____	_____
17. My strength	_____	_____	_____	_____	_____	_____
18. My teeth	_____	_____	_____	_____	_____	_____
19. My overall looks	_____	_____	_____	_____	_____	_____

## HOW I FEEL ABOUT MY BODY (MALE)

My age \_\_\_\_\_ My height \_\_\_\_\_ My weight \_\_\_\_\_ My waist \_\_\_\_\_ inches

Compared to Others

How I Feel about It

	Bigger, larger than average	Average	Smaller, less than average	Good	Bad	Neither
1. My height	_____	_____	_____	_____	_____	_____
2. My weight	_____	_____	_____	_____	_____	_____
3. My nose	_____	_____	_____	_____	_____	_____
4. My penis	_____	_____	_____	_____	_____	_____
5. The amount of hair on my face	_____	_____	_____	_____	_____	_____
6. The amount of hair on my body	_____	_____	_____	_____	_____	_____
	Better than average	Average	Less than average	Good	Bad	Neither
7. My teeth	_____	_____	_____	_____	_____	_____
8. The quality of my hair	_____	_____	_____	_____	_____	_____
9. My eyes	_____	_____	_____	_____	_____	_____
10. My face in general	_____	_____	_____	_____	_____	_____
11. My strength	_____	_____	_____	_____	_____	_____
12. My physique (build)	_____	_____	_____	_____	_____	_____
13. My voice	_____	_____	_____	_____	_____	_____
14. My chest	_____	_____	_____	_____	_____	_____
15. My clothes	_____	_____	_____	_____	_____	_____
16. My cleanliness	_____	_____	_____	_____	_____	_____
17. My sports ability	_____	_____	_____	_____	_____	_____
18. How coordinated I am	_____	_____	_____	_____	_____	_____
19. The quality of my skin	_____	_____	_____	_____	_____	_____
20. My overall looks	_____	_____	_____	_____	_____	_____

## CONCLUSIONS

We wish that all children could go through the period of puberty and reach the other side with a normal, healthy body and body image. We wish they could negotiate adolescence so successfully that they become energetic, self-confident adults.

Unfortunately, we know that this is not always the case. Some youth suffer from a negative self-concept because, although they differ from the norm only slightly in their body development, they perceive this as “catastrophic.” Others really do deviate significantly from the norm because of some physiological problem. Of particular concern for females is our society’s obsession with thinness. Taken together, the various aspects of puberty can cause the adolescent quite a bit of chagrin.

The only solution is to get some perspective on these problems. The good news is that just when they need it, most adolescents develop improved mental abilities that enable them to get a more realistic view of themselves. In the next chapter, we will explore this exciting new development.

## CHAPTER HIGHLIGHTS

### Early Studies of Puberty

- Theories of adolescence in the early twentieth century were largely based on personal bias, as little empirical data existed.

### Your Reproductive System

- Those who work with adolescents need complete knowledge of the reproductive systems of both sexes.
- The structure and functions of female and male systems are explained and illustrated.

### The Common Myths of Puberty

- Puberty takes place over several years and has biological, social, mental, and emotional aspects.
- Growth is continuous from infancy, and the changes of puberty are more gradual than many believe.
- It is difficult to determine which aspects of puberty are strictly biological.

### The Biological Basis of Puberty

- The pituitary hormones, or gonadotropins regulate the growth of the reproductive systems.
- The physical aspects of puberty include changes in height, bone density, height/weight distribution, and the development of secondary sex characteristics and reproductive capacity.
- Studies of identical and fraternal twins show that many pubertal changes are directly affected by genes.
- Good nutrition has produced the secular trend, which refers, among other things, to a steady drop in the average age of menarche over the last 100 years. This trend now appears to be leveling off.
- Poor nutrition, sometimes caused by eating disorders, can delay or suppress menstruation.

## The Sequence of Events in Puberty

- The order of physical changes in puberty is largely predictable, but the timing and duration of these changes are not.

## The Contrast of Male and Female Pubertal Change

- The pubertal growth spurt occurs almost two years earlier in girls than in boys.
- No event in male development is directly comparable to the female menarche.
- Genital development is somewhat earlier in girls than in boys.
- Tanner's *Sexual Maturity Rating Scale*, often presented as a series of pictures, helps to identify the adolescent's development in each area.

## The Effects of Timing on Puberty

- The normal range in pubertal development is very broad, and includes early, on time, and late maturers.
- The adolescent's own perception of being normal has more influence than objective normality on self-esteem.
- Maturity of appearance affects whether adolescents are treated appropriately for their age.
- Early maturing is a positive experience for boys, but may be negative for girls.
- Late maturing is difficult for both boys and girls.

## Body Image

- Self-concept and self-esteem are strongly affected by how we believe others see us, especially in adolescence.
- Adolescents are often highly critical of their own and others' physical appearance.
- Girls are far more likely than boys to suffer from a poor body image, particularly in the area of weight.
- Boys are most concerned with appearing strong and muscular.
- Participation in athletics and dance may lead to excessive concern with being of the proper body type for one's sport, and may carry dangers of unhealthy nutritional practices or drug use.

## KEY TERMS

Amenorrhea 77

Body image 90

Delayed puberty 69

Dysmenorrhea 83

Eating disorders 76

Endocrine system 73

Gonadotropins 73

Gynecomastia 78, 85

Hormones 73

Menarche 82

Normal range of development

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Pituitary gland 73

Premenstrual syndrome (PMS)

83

Puberty 68

Secular trend 76

Testosterone 74

Varicocele 85



## WHAT DO YOU THINK?

1. Should children be taught about their body functions in school? Should this teaching include sexuality? If so, at what grade should it start?
2. What was the beginning of puberty for you? Why do you think so?
3. Can you think of any myths about puberty, other than the ones described in this chapter?
4. The sequence of events in puberty is rather fixed. Why do you think this is so?
5. What, if anything, should be done about the “cultural preference for thinness”?
6. What body image concerns did you have as a teen? Ask your parents and grandparents about theirs. Do differences between you and them indicate that social-cultural norms of the times affect how adolescents feel about their bodies?

## SUGGESTED READINGS

- Blume, J. (1970). *Are you there, God? It's me, Margaret*. New York: Bradbury. Although written for teens, this book has a wealth of insights into pubertal change, at least for females. Blume really understands.
- Brooks-Gunn, J., Petersen, A., & Eichorn, D. (Eds.). (1984). Time of maturation and psychosocial function in adolescence. *Journal of Youth and Adolescence*, 14 (3 & 4). A much more detailed explanation of the physical side of puberty than has been offered in this chapter.
- McCoy, K., & Wibbelsman, C. (1987). *The teenage body book*. Los Angeles, CA: The Body Press. An excellent reference book for teenagers and those who work with them!

# c h a p t e r

# 4

*I* was about twelve when I discovered that you could create a whole new world just in your head! I don't know why I hadn't thought about it before, but the idea excited me terrifically. I started lying in bed on Saturday mornings till 11 or 12 o'clock, making up "my secret world." I went to fabulous places. I met friends who really liked me and treated me great. And of course I fell in love with this guy like you wouldn't believe!

*Susan Kline, an eighth-grade student*

## COGNITIVE DEVELOPMENT

Stages of Cognition	Critical Thinking
<i>The First Three Stages—Piaget</i>	Creative Thinking
<i>The Formal Operations Stage—Piaget</i>	<i>The Use of Metaphor</i>
<i>Criticisms of Piaget</i>	<i>Obstacles and Aids to Creativity</i>
Variables in Cognitive Development	<i>Creativity, Giftedness, and the IQ</i>
<i>Flavell</i>	Conclusion
Social Cognition	Chapter Highlights
<i>The Language of Thought</i>	Key Terms
<i>The Personal Fable</i>	What Do You Think?
Information Processing	Suggested Readings
<i>Factors That Influence Development of Information Processing</i>	

Adolescence is a complex process of growth and change. Because biological and social changes are so much the focus of attention, changes in the young adolescent's ability to think often go unnoticed. Yet it is during early and middle adolescence that thinking ability reaches its highest level—the level of abstract thought. To understand how abstract thought develops, we have to know more about the intellect itself.

In the chapter we will investigate the stages of cognitive development. We will also describe research on social cognition, information processing, and critical and creative thinking.

As a result of having read this chapter, you should be able to:

- Describe Piaget's four main stages of cognitive development.
- Explain the cognitive development that takes place in early and late phases of the formal operational stage.
- List Flavell's seven aspects of the transition from childhood thinking to adolescent and adult thinking.
- Explain the elements of information processing, including perception, storage, manipulation, and retrieval of information.
- Describe the major elements of egocentric thinking: the imaginary audience and the personal fable.
- Identify the differences between critical thinking and creative thinking, and discuss the importance of each.
- Show why the use of metaphor is important in adolescence, especially for creative thinking.

## STAGES OF COGNITION

### The First Three Stages—Piaget

Just as Freud was concerned with the structures of the personality, the Swiss biologist/psychologist Jean Piaget (1896–1980) sought to understand **cognitive structures** (1947, 1953, 1966; Flavell, 1963).

Piaget is the foremost contributor to the study of intellectual development. Beginning his scholarly career at 11 (!), Piaget published numerous papers on birds, shellfish, and other topics of natural history. As a result, the diligent Swiss was offered the curator's position at the Geneva Natural History Museum. He was only 15 at the time and turned it down to finish high school. He received his Ph.D. in biology at the age of 21, and wrote more than fifty books prior to his death.

Piaget began his research on cognitive development in 1920 when he took a position in the Binet Laboratory in Paris. He was given the task of standardizing a French version of an English language test of reasoning ability, which enabled him to observe how children responded to the questions. He discovered that there were similarities in the wrong answers given by each age group. For example, 5-year-olds give a wrong answer for one reason, whereas older age groups give the same wrong answer for other reasons. This



The Swiss psychologist Jean Piaget used his scientific training to observe the cognitive development of his children. From these observations came a very powerful explanation of how the human mind develops.

---

discovery led Piaget to the idea that children of different age groups have different thinking patterns. Prior to 1920, little research had been done on the nature of intelligence. Most scientists viewed children as miniature adults who used adult thinking methods, but used them poorly. They felt that as information is poured into the child, mental maturity slowly develops. Piaget discovered that specific *abilities* must be acquired before the child's intellect can fully mature; information alone is not enough. Gradually, the child learns to manipulate information *mentally*. Furthermore, he observed that this mental ability develops in stages, each one preparing the way for the development of the next.

Piaget's background in biology formed the basis for his view of the role of intellect. If you have ever seen an episode of "The Undersea World of Jacques Cousteau," you have probably been amazed by the way ocean dwellers biologically adapt themselves to their particular environments. The puffer fish swells to twice its size when threatened by an enemy. The anglerfish uses its dorsal fin as bait to lure smaller fish to its mouth. Nature is filled with examples of superb **adaptations** of animals to their environments. But nature has not fitted humans to any specific environment. It has equipped us to adapt to most environments through the gift of intellect. Like the swelling of the puffer fish, human intellect seemed to Piaget to be another of nature's examples of biological adaptation.

### *The Sensorimotor Stage* (from birth to about 2 years old)

In the **sensorimotor stage** intellect matures through the growth of increasingly more effective **mental structures**. These structures can best be defined as the blueprints that equip us to affect our environment. They are the tools of adaptation. At birth, all babies simply reflect the environment. When a specific event (a stimulus) occurs, infants react automatically to it. Sucking and crying are examples of these reflexes.





Figure 4.1 Piaget's concept of schemata. Mental structures held in the mind direct and control our behaviors.

At birth, the child possesses several **schemata**. Schemata are patterns of behavior that infants use to interact with the environment. Figure 4.1 depicts this relationship. Soon after birth, infants begin to develop new schemata for looking, for grasping, for placing objects in their mouths.

In addition to schemata, the infant has at birth two basic tendencies or drives that affect intellectual functioning throughout his or her lifetime. They are **organization** and **adaptation**, and they govern the way we use our schemata to adjust to the demands of the environment.

- *Organization.* Our innate tendency to organize causes us to combine our schemata more efficiently. The schemata of the infant are continuously reorganized to produce a coordinated system of higher-order structures. When new schemata are acquired, they are integrated into existing schemata. Consider children learning to throw a ball. They may understand the various parts of a good throw, but they will not throw the ball well until they have integrated these parts into a smooth and efficient movement.
- *Adaptation.* The second tendency in all human beings is to adapt to the environment. Adaptation consists of two complementary processes: **assimilation** and **accommodation**. We assimilate when we perceive the environment in a way that fits our existing schemata. That is, we make reality fit our minds. We accommodate when we modify our schemata to meet the demands of the environment. That is, we make our minds fit reality.

We try to assimilate as much as possible because it is easier than accommodation. It is easier to see situations, events, and objects as something we understand and can work with. When asked to describe an unfamiliar object, we say: "It looks like an orange," or "It's hard like a rock." To make these comparisons, we perceive the object in a way that fits what we know—we look for similarities. In the same way,

you are able to read these words, because you altered your perception of them mentally to suit the structures in your mind.

You may have physically assimilated this idea by turning this book upside down. When we mentally alter what we see, we *recognize* or rethink it and thus assimilate it.

Does `__ . . . __ . . . 88 * * * 8__ ' ' ?` To answer this question written in code, you have to learn the key. In doing so, you are adding to your existing schemata. This is accommodation. All mental activity uses assimilation and accommodation.

It is necessary to balance these processes. A person who is incapable of assimilation, such as a mentally retarded person, does not have the capacity to take advantage of previous experiences. A person who is incapable of accommodation is unresponsive to his or her environment. The rigid schizophrenic is an example.

One final point: the processes of organization, adaptation, assimilation, and accommodation are not restricted to the sensorimotor stage. They apply equally well to all human existence. They undergo a definite refinement, however, during the adolescent years.

### *The Preoperational Stage* (from 2 to about 7 years old)

As infants grow older and begin to encounter more elements of their world, schemata are combined and rearranged into more efficient structures. During the **preoperational stage**, higher forms of psychological structures are beginning to develop. These structures are called **operations**.

According to Piaget, adult thinking is composed of numerous operations which enable the individual to *manipulate the environment*. Operations are mental, internalized actions, similar to programs in a computer. Programs enable the computer to manipulate the data fed into it in various ways. Mental operations do the same. In fact, mental operations are able to take things apart and reassemble them without actually touching them. It is important to note that operations include the ability to *reverse* what has been done, either in actuality or mentally. This is a vital capacity of the human mind. We can think not only about how things are done, but also how they might be undone.

The onset of operations may be seen in the child's ability to imitate the behaviors of others. Imitation involves the ability to remember what someone else has done earlier, and copy that behavior. On the other hand, true operations such as *inductive reasoning* (deriving a general rule from particular actions) and *deductive reasoning* (deciding on a particular action on the basis of a general rule) have not yet developed. Instead, the preoperational child uses transductive reasoning. In this, children go from particular to particular, without trying to attain any generalizations. For example, Amy may believe that radiators burn you because she got burned by one, and that stove tops are safe because she has not yet burned herself on one.

### *The Concrete Operational Stage* (from 7 to about 11 years old)

In the **concrete operational stage** children now become concerned with *why* things happen. The intuitive thinking style of the preoperational stage is replaced by elementary logic, as operations begin to develop that enable children to form more complex mental actions on concrete elements of their world. For example, now they can determine the total number of objects in two groups (five pencils and three pencils) by adding them together in their heads. At the beginning of the concrete operational stage, however, most children can only do this by imagining pictures of the two groups and counting the total.

Logical thinking requires that one have an understanding of the physical properties of the world. Knowing the correct answer to the question "Which is heavier, a pound of

feathers or a pound of lead?” depends on one’s understanding of the concept of density in relation to measurement. Preoperational children cannot understand that the weight is the same, regardless of the density of the objects. The operations necessary for this understanding are developed in the concrete operational stage.

Early in this stage, children come to understand class inclusion relationships. This means they realize that tulips are a kind of flower, and that roses are in that class, too. Until the end of this stage, however, they still make mistakes about class inclusions. For example, if you ask if all the tulips in the world were to die, would there be any more flowers, many will say, “No.”

When children acquire these operations, they become able to logically solve problems by the use of elementary deductive reasoning (deciding on a particular action on the basis of a general rule). However, their thinking style still needs refinement. Ask the nine-year-old, “How would things be different if we had no thumbs?” and he is likely to respond, “But we *do* have thumbs!” The concrete operational child does not consider possibilities that are not real. The tools of thought are assembled but still need the refinement that takes place in the formal operations stage.

## The Formal Operations Stage—Piaget

In adolescence, one’s thinking style takes flight. It is called the **formal operations stage** because adolescents begin to be able to think about the *form* an argument may take, and not just its content. In his original thinking, Piaget (1947) felt that this stage takes place from around 11 to about 14 years old. Later Piaget (1972) came to believe that it only begins in these years, and he hypothesized a second stage, from 15 to about 19 years old, during which further refinements take place.

### *The Early Formal Operations Stage*

The **early formal operations stage** begins in adolescents who are from 11 to about 14 years old. Formal operations, at the early and at the later stages, consist of four major aspects of human thinking: **abstract thinking; logic; metacognition; and hypothetical reasoning**. Let us first discuss these four as they occur in early adolescence.

*Abstract Thought.* Formal operations expand thought to the abstract. Think for a moment about the meaning of the word *abstract*. It’s hard to define, isn’t it? Here are two simple examples of it. When a child is young, he learns to describe a number of objects as red. Only slowly does he come to *abstract* the concept of redness from these specific instances. Now think of the abstract concept of democracy. If you dig deep enough into its definition, you will inevitably come to such concrete concepts as placing a marked ballot in a voting box, and telling your local representatives how you want them to vote. “Democracy” is an abstraction of all these actions.

In learning to deal with abstractions, what we are actually doing is allowing reality to be represented by symbols that can be manipulated mentally. This is similar to the way that data is represented by electromagnetic code that can be programmed in the computer. Early adolescents begin to understand the complexities of symbol systems

## DEFINING DEMOCRACY

In order for adolescents to improve their ability to perform formal operations, they need to be aware of what abstract thinking is. Furthermore, they need to have plenty of practice in doing it. You can help them with both of these tasks by asking them to explain the meaning of such abstract terms as citizenship, truth, beauty, honor, creativity, and adolescence.

Suppose we use the term, "democracy." Ask a group of students to suggest examples of democracy; try to get fifteen or twenty examples. Now ask them to group these ideas in three piles: those that are clearly democratic; those that are mostly democratic; and those that are less democratic. Now ask the students to list the criteria that distinguish between the first and last pile. In this way, through induction, they will come to a better understanding of democracy.

As you will see, the definitions of each of the items that the students generate ultimately depends on concrete actions. By helping your students to realize what they are doing when they define these terms, and how this kind of thinking differs from concrete operations, you will be giving them opportunities to grow in their formal thinking skills.

such as music and math. They realize that words can have double meanings. There is a definite lack of sophistication, however, and they often misunderstand subtler meanings.

*Logic.* Thinking in the formal stage becomes much more orderly and systematic. Most eight-year-olds would be unable to answer the question, "If Jane's hair is darker than Susan's, and Susan's hair is darker than Mary's whose hair is darkest?" Although an eight-year-old is capable of "ranking" the children by darkness of hair, she is unable to manipulate facts concerning imaginary people. She can deal with the concrete concept of an individual person, but not with the idea of its "form."

*Metacognition.* This term means "thinking about thinking." When children reach early adolescence, they are able for the first time to analyze their own thoughts. They realize that sometimes they do and say things for unconscious reasons, and can decipher their own motives. They can retrace the train of thought they took in trying to solve a problem (in fact, this is what makes them better able to be logical). They can spot thinking errors, and restart the problem-solving process.

*Hypothetical Reasoning.* Most early adolescents become capable of forming conclusions based on hypothetical possibilities. Answering the question, "What would things be like if it rained up?" involves mentally picturing rain rising from the ground. This mental picture is contrasted with reality and various conclusions produced.



At this stage, it becomes possible to think about problems even in the absence of real data. Resolutions of problems that cannot be true can nevertheless be evaluated to see if they offer any clues. While children can sometimes get the right answer to a question by trial and error, early adolescents realize that it is much more efficient to proceed according to a more careful strategy devised beforehand.

### *The Later Formal Operations Stage*

The **later formal operations stage** begins in adolescents from 15 to about 19 years old. This second phase differs from the first phase not only in quantity (problem solving is done more quickly and efficiently) but also qualitatively (new skills are mastered). Evidence for this stage of Piaget's theory comes from research by Higgins-Trenk and Gaite (1971) and Arlin (1975), although some questions have been raised by Fakouri (1976), and Cropper and associates (1977). In this section, we look at the same four aspects of formal operations as they apply to older adolescents.

*Abstract Thought.* We said above that formal operations means dealing with symbols. In later adolescence, it becomes possible to deal with *systems of symbols*. As notes can be used to stand for sounds, musical notation stands for the complex ways those sounds are to be made (soft or loud, sharply or mellowly, with or without vibrations). Another comparison could be made between long division (mastered in early adolescence) and trigonometry (mastered by many in late adolescence). It is at this stage that many youth become capable of understanding political cartoons and religious symbolism. They also gain ability not only in problem solving, but in *problem finding* (Arlin, 1975).

*Logic.* Early adolescents begin to recognize the rules of logic. It is not until later adolescence, however, that the subtler forms of this discipline may be mastered. This higher level set of rules is known as *propositional logic*.

*Metacognition.* In the previous phase, most teens can look back at their thinking and spot errors in it. Now they get better at analyzing their thought processes as they work through a problem. They begin to notice trends or patterns in their thinking, and learn to compensate for them.

*Hypothetical Reasoning.* Here is where we see the most striking change from the early formal operations stage. Now many adolescents are able to think like a scientist (or one at the beginning level, at any rate). They are able to establish a plan for solving a problem. They are likely to investigate more than one source of data, and can think of multiple possible causes. They are able to conduct their study with little or no prejudice toward the outcome (of course this is not to say they *always* do so). They are able to apply the rules of logic. And finally, they are better at acting on solutions.

*The Role of Gender.* The question might be asked, "Are males, or females, more likely to attain the formal operations stage?" There have been numerous studies of the

## COGNITIVE THERAPY AND DRUG TREATMENT

Cognitive therapists use metacognition all the time. For example, a cognitive therapist might ask one of the members of a drug rehabilitation group to explain how she thinks she got into the problems that she is dealing with. If she is addicted to cocaine, she is asked to explain why she thinks she started using the drug in the first place. Then the rest of the group analyzes her thinking. Aspects of her thinking in which she is being logical and those in which her thinking is irrational are pointed out by members of the group. They try to look for trends or patterns in her thinking and seek alternatives that will help her to deal more successfully with her drug habit.

relationship between IQ and gender, but little has been done from the standpoint of formal operations. Clearly more research is needed before we can make any sound conclusions on this question.

### Criticisms of Piaget

Piaget's ideas, as widely accepted as they have been, have not escaped criticism and suggested revisions (Case, 1987; Flavell, 1982; Gelman & Baillargeon, 1983; Kuhn, 1984; Mandler, 1983). For example, some psychologists dispute his belief that cognitive development proceeds through a series of distinct stages, each of which contains important changes in the way that children think. They believe that cognitive development is a gradual process (this will be explained in the next section). It is not all-or-nothing; that is, children are not all preoperational or concrete operational in their thinking (Rest, 1983).

In one of the most famous studies challenging Piaget, Gelman (1979) trained 5-year-olds to examine rows of equal-length sticks. Later, when asked to pick rows of equal-length sticks from rows of unequal, they were successful. This seems to show that preschoolers are more competent than Piaget thought. These youngsters may have been "ready" for more complex tasks and just needed the push that Gelman gave them.

In spite of these and similar criticisms, Piaget's ideas remain remarkably popular and his work is a landmark among studies of cognitive development. Gelman and Baillargeon (1983) sum up the general feeling among professionals: "It will be hard, very hard, to do as well as Piaget" (p. 220).

### Variables in Cognitive Development—FLAVELL

Psychologist John Flavell (1977), on the basis of his own studies and his review of the literature, has suggested that there are seven aspects of the transition from childhood to adolescent and adult thinking. These seven aspects are considered in the following sections, from the standpoint of an imaginary adolescent situation.

We would like you to picture the following scenario. Your local television station has decided to sponsor a new program called "Young Women Today." It has already hired a 29-year-old woman to host the show, a person who has had considerable experience in the talk show format.

In addition, they want to hire a 17-year-old high school student as an assistant hostess. This has been announced at the local high school. Because the employers are sure that many female students will apply for this job, they have designed a simple application form. With it, they hope to identify the better candidates whom they will then interview. On this application form, the applicants are to describe two characteristics that would make them an especially good choice for the job. Here are Flavell's seven aspects of the childhood-adolescent cognitive transition, analyzed from the standpoint of this scenario.

### *Real versus the Possible*

For Piaget (1966), probably the most important cognitive change from childhood to adolescence has to do with the growing ability of the adolescent to imagine possible and even impossible situations. Elementary school children tend to approach problems by examining the data firsthand and attempt to make guesses about the solution to the problem on the basis of the first piece of information they happen to look at.

This is no longer the case for 17-year-old Ellen, who would very much like to get the television show job. As it happens, she is the daughter of an unemployed actor. She wonders whether she should mention this. She thinks that it may help her, both because her father has been in show business and because her family could use the money. On the other hand, she suspects that the television people might think that if her father has been unsuccessful in show business, she may be, too. Whereas a 9-year-old child might put this fact down on the application, hoping that it might make some difference, Ellen tries to think of all the possible ramifications of this piece of information before deciding whether to use it. Ellen is obviously a formal operational thinker.

### *Empirico-Inductive versus Hypothetico-Deductive Methods*

A further major difference between concrete and formal operational thinkers is in their *method* of problem solving. Younger children use an **empirico-inductive approach**; that is, they are likely to look at available facts and try to induce some generalization from them. Adolescents, on the other hand, are likely to use **hypothetico-deductive reasoning** to hypothesize about the situation, and then deduce from it what the facts *should be* if the hypothesis were true. Adolescents tend to look at what might be, in two senses: they attempt to discover several possibilities in a situation before starting to investigate it empirically. Then they try to imagine the possible outcomes of each.

Whereas the younger child might be satisfied with simply putting down two possible characteristics on the application, Ellen is likely to think of what the ramifications are for each of a number of possible characteristics. For example, she might hypothesize that if the station has a reputation for being concerned with poor people, they would be sympathetic



### DID PIAGET HAVE A BIAS?

Barbara Rogoff (1990) argues that Piaget's theory depends excessively on scientific-type problems. A society, or an individual for that matter, might not value scientific reasoning. Goodnow and others (1976) realized the need for a different definition of intelligence after using Piagetian tasks with Chinese and African-American children. While administering three Piagetian tasks to both educated and illiterate African adults in the Ivory Coast, Tapé (1987) found two styles of thinking: an experimental-analytic style (like formal reasoning) and an experiential style (pragmatic and action-oriented logic). The first type asks the question how? and the latter type asks the question why? He found that the illiterate adults used the latter type of logic to solve the Piagetian tasks.

Throughout the world, the sequence of Piaget's stages has been found to be the same, though the timing varies. Piaget's theory of formal operations, however, has only partially been confirmed both in single and multicultural studies. Cross-cultural studies have shown that schooling up to the secondary level is necessary but not sufficient to succeed at formal operational tasks (Shea, 1985). This is, undoubtedly, because the tasks relate to physics, chemistry, or mathematics as they are taught in school. Even Piaget himself (1972) acknowledged the contradictory evidence and qualified his position by stating that all adults have the capacity for formal operational reasoning, but this capacity needs favorable circumstances to be manifested.

with the fact that her father is out of work and needs a job. On the other hand, if the station has a reputation for fierce competition, it might look negatively on this information, thinking that perhaps her whole family are "losers."

### *Intrapositional versus Interpositional Thinking*

Elementary school-aged children, especially older ones, may well be able to analyze the relationships among several aspects of a single choice. This would be **intrapositional thinking**. It is only in later adolescence, however, that they are able to think of the ramifications of *combinations* of propositions. This is **interpositional thinking**.

In Ellen's case, for example, she may decide that her father's unemployment may hurt her, but she may balance this by stating that she herself has maintained a paper route successfully for the past four years. Interpositional thinking can become infinitely more complex than intrapositional thinking. Logicians (students of logical thinking) have discovered many aspects of the interrelationships which can occur between sets of propositions.

An important aspect of this complexity is the ability to think logically about statements which may have no relationship to reality whatsoever. As Flavell states, "Formal



## WHAT KIND OF ELEPHANT IS THAT?

The capacity to envision “the wider world of possibility” often depends on our ability to visualize. By this we mean how well we are able to picture something vividly in our minds. For example, poor children have been found to be poorer at visualizing than middle class or wealthy children, probably because of the greater variety of stimuli in more privileged homes. This leads to such problems as the inability of poor children to imagine themselves wearing a cap and gown at graduation, or having a fine white collar job sitting behind a desk.

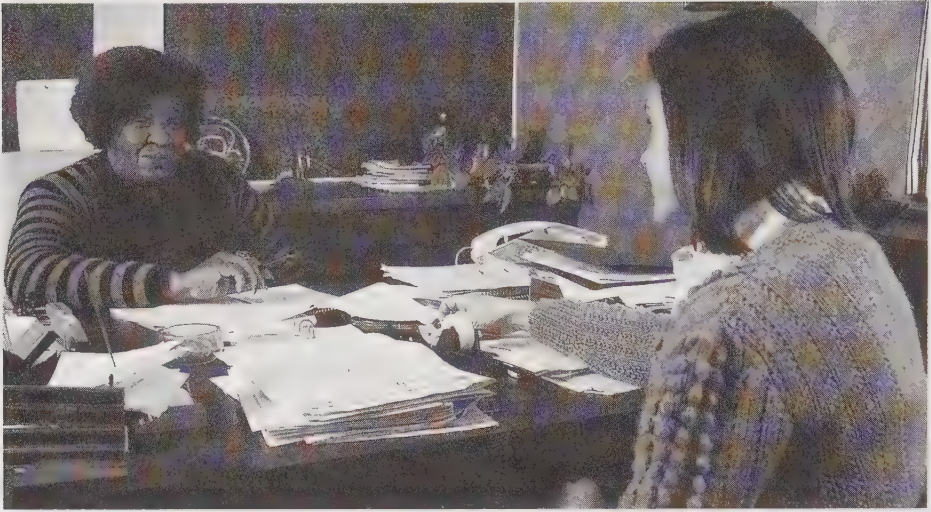
You can help children become better at visualizing through a great number of techniques. For example, ask the teens you are working with to visualize their names in bold black letters. When they have the picture clearly in their minds, ask each of them if they can spell their name backwards by looking at their mental picture. Another way is to ask them to visualize an animal, for example, an elephant. Ask them if they can tell if it’s an Asian elephant (with ears the same size as its head) or an African elephant (with ears twice as big as its head). Ask them if they can count the wrinkles on the elephant’s trunk. Exercises like these, which promote the ability to see mental images, also help in seeing the differences between the real and the possible. You may even wish to take a course in visualization to learn other techniques. Such courses are often given in art departments of high schools or colleges.

operational thinkers understand that logical arguments have a disembodied, passionless life of their own” (p. 106). Most persons find thinking about abstract concepts—for example, the laws of trigonometry—more difficult than thinking about the construction of a table, but the laws of logic are no different in either case. During adolescence and adulthood, the person becomes aware of this.

### *Combinations and Permutations*

During adolescence, the thinker becomes able to realize that systematically generating combinations (A with B, A with C, B with C, etc.) can aid in thoroughly examining the possible solutions of a problem.

It is entirely likely that Ellen would sit down and draw up a list of all her good characteristics before even starting to decide which of these would be best to put on her application. To improve her creativity, she might write all of these characteristics on separate sheets of paper, put them in a hat, and draw them out in pairs to see if she comes across a pair which she thinks will be unusually appealing. Without such a technique, she might never have thought of that particular pair.



Because she has reached late adolescence, Ellen approaches the job interview with much more complex thought patterns than she would have a few years earlier.

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### *Inversion and Compensation*

Suppose you have before you two containers with an equal amount of water in each, hanging evenly from each side of a balance scale. Obviously, if a cup of water is added to the container on the right, it will sink to a level lower than the container on the left. If you were asked to make the containers even again, you would probably recognize that it could be done in one of two ways: withdraw a cup of water from the container on the right (**inversion**), or add a cup of water to the container on the left (**compensation**).

Concrete operational thinkers usually will not recognize that there is more than one possible way to solve the problem. Having solved it one way, they no longer pay attention to the task. Because formal operational thinkers are able to imagine both inversion and compensation as being useful in solving a problem, they have a better chance of coming up with other fruitful solutions.

Ellen would have been using compensation if she had mentioned her newspaper job to balance her father's unemployment. She might have been using inversion if she had simply left out the fact that her father was unemployed.

### *Information-Processing Strategies*

Older thinkers are not only more likely to have a large array of problem-solving strategies, but are also more likely to attempt to devise a plan to use this array. Such a plan is an **information-processing strategy**.

Ellen has the problem of attempting to discover what major criteria the television people have in mind in selecting their talk show host. A good strategy might be for her to visit and interview several individuals in the community who know those criteria.

### *Consolidation and Solidification*

The changes from childhood to adulthood mentioned so far have been qualitative. There are also two quantitative aspects of this transition. The mental gains that are being made are slowly **consolidated**. Not only are the improved problem-solving techniques learned, but they are employed in a wider variety of situations, and with greater skill. These gains are also **solidified**; that is, the thinker is more certain and confident in the use of the newly gained mental skills and is more likely to use them in new situations.

If Ellen were 12 years old instead of 17, she may have tried some of the tactics that she has used in getting this job, but she might very well have given up quickly and just put down any two traits which seemed acceptable to her. It is her greater experience with these thinking styles which gives her the motivation to persevere at the task. Table 4.1 offers an overview of Flavell's variables.

Although Piaget and those such as Flavell who have followed in his footsteps have greatly expanded our understanding of the human mind, they have left us with many fascinating questions unanswered. For further insights into the adolescent mind, we turn now to look at several other aspects of cognitive functioning, the first of which will be social cognition.

Table 4.1

#### OVERVIEW OF FLAVELL'S VARIABLES IN INTELLECTUAL DEVELOPMENT

##### **Childhood: Concrete Operational Thinking**

1. The real
2. Empirico-inductive method
3. Intrapositional thinking
4. Unable to see combinations and permutations
5. Can use inversion *or* compensation
6. Poor information-processing strategies (weak plans)
7. Mental gains not consolidated and solidified

##### **Adolescent: Formal Operational Thinking**

1. The possible
2. Hypothetico-deductive method
3. Interpositional thinking
4. Able to see combinations and permutations
5. Can use inversion *and/or* compensation
6. Good information-processing strategies (clear plans)
7. Mental gains consolidated and solidified

From J. Flavell, "Cognitive Development" in *Child Development*, 53, 1-10, 1982. Copyright © 1982 The Society for Research in Child Development, Inc., Chicago, IL.



## SOCIAL COGNITION

“This is terrible!” thought Juan, as he stared at his nose in the mirror. “A zit, right on the tip, blazing like a neon sign. No way I can go to school for the next few days. Everyone would laugh themselves silly. Damn, this means missing the game too!”

Tracy’s boyfriend Todd is over 20 minutes late. Tracy is certain he has forgotten about her. “I wish I could ask Mom what to do, but of course I can’t,” she moaned. “There isn’t anyone to talk to—they all think I am stupid for having a boyfriend like Todd. If he doesn’t come soon I’ll have to break up with him for good!”

You may smile as you read the comments of Juan and Tracy above, remembering some similar incident from your own adolescence. It is quite normal for adolescents to begin to think about how they relate to others. This is known as **social cognition**, discussed briefly here, and in Chapter 5. An important aspect of this cognitive aspect of the adolescent’s life is called **egocentric thinking**. That is, they begin to think more about themselves, and watch themselves as though from above. This trait, which begins in early adolescence and becomes more prominent during the middle teen years, is composed of two specific factors: imaginary audience and personal fable.

### The Imaginary Audience

Because he is now in the formal operations stage, Juan is able to imagine what others might be thinking of him. Because he is so interested in himself, this imagination often goes to extremes. He can literally think that everyone around him is noticing everything he does and every aspect of his appearance in fine detail. He is “on stage” most of the time, in front of an **imaginary audience**.

### The Personal Fable

Many adolescents seem to make up stories about themselves, which become their own **personal fable**. Most of these fables have two aspects. They have a sense that they are unique, and therefore are extremely different from all those around them. This means that they cannot believe that anyone else could understand how they’re feeling. This is especially true if the other person is older or younger or of a different gender or race.

Thus Tracy must suffer with her thoughts of Todd’s insensitivity all by herself because she cannot believe that her mother or friends would understand her feelings, much less be willing to help her. She truly believes that she’s alone in her misery, and is certain that her mother could never understand.

The other aspect of the personal fable is that the person is all-powerful and cannot be hurt or destroyed by anything. Obviously this is not true, but adolescents’ dreams of success can lead them to believe that this unrealistic situation is true.

Teenagers often have problems working with others because of their egocentric thinking (which we described previously). The concept of adolescent egocentrism was first introduced by psychologist David Elkind (1967, 1976, 1978, 1985; Elkind & Bowen, 1979). Adolescent psychologist Robert Selman (1976, 1980) has added a great deal to Elkind’s theory with his concept of **perspective taking**. This ability to take the perspective of other people, which begins to flourish during the formal operations stage, interacts in



### INSIGHTS OF A RUSSIAN PSYCHOLOGIST

One of the most astute psychologists ever to study cognition was the Russian Lev Vygotsky (1896–1934). A contemporary of Piaget's, his studies of Russian children and adolescents led him to posit a much more important role for social action than did Piaget. His basic hypothesis was that we humans gain most of our cognitive growth from our interactions with other people. This growth comes when we try to achieve tasks which are beyond our ability. When someone comes to our assistance and shows us what to do, our intellectual abilities develop.

Vygotsky (1933, 1962) suggested that for any type of task, each person has a **zone of proximal development**. At the lower limit of that zone, we are capable of working independently. At the upper end of the zone, we need help. For example, a 14-year-old may possess excellent math skills, but would need advice in solving complex algebraic equations.

Vygotsky was one of the first to realize that we can learn a great deal about how we think by watching how we solve problems *in pairs*. In this situation, especially when the problem is above the lower end of each of the problem solvers' "zone of proximal development," they are most likely to talk aloud about their thinking. This proves to be a much better way of studying thinking than merely asking subjects to describe their thinking as they perform tasks.

Still, Vygotsky's subjects were all Russian. Perhaps Russian teens are more used to working together to solve problems than we are. Perhaps they are more likely to ask someone older for help with a problem. This would make Vygotsky's social theory of cognition less relevant in the West. What do you think?

important ways with adolescent egocentrism. Perspective taking is an important part of cognitive development, but because it is an even more important part of moral development, we will tell you more about it in the next chapter. In fact, social cognition itself relates to several other facets of adolescent life, and so will be considered in several of the remaining chapters of this book.

We turn now to a different way of looking at adolescent cognition. It is known as *information processing*.

## INFORMATION PROCESSING

Information processing is a topic frequently studied by cognitive psychologists. "The information processing perspective, centers on how individuals differ in the ways they store, manipulate, and retrieve information. As with the Piagetian perspective, information processing assumes that individuals take active roles in their development. Unlike Piaget's theory, however, information processing theory does not offer universal stages

of development. It concerns itself instead with the *processes* involved in intellectual performance” (Alexander, 1985). There are many implications for the study of information processing. If we take a moment to think about most of the daily activities that we take for granted, we can begin to see the importance of this field of study. Take, for example, driving a car or finding our way home at the end of the day. We do both these and many other activities without a tremendous amount of conscious thought or energy, and yet we succeed as a result of information processing.

**Information processing** is another approach to the study of the human mind. Information processing refers to the ways through which information is received, processed, and understood. It is made up of the procedures through which memory is created and learning takes place, processes that most of us might take for granted.

Two important aspects are automatic and controlled processing (Ackerman & others, 1986). **Automatic processing** occurs in situations that are consistent, and provide a lot of opportunity for practice, such as driving a car. Such procedures are characteristically quick and effortless. They also, generally, become easier and faster with practice.

**Controlled processing** involves the manipulation of new information. In addition, controlled processing implies the need for conscious attention to a task. Generally speaking, controlled processing is used when there is a lack of consistency in rules and sequence, therefore making specific attention to each step a necessity because there is no established pattern. Controlled processing takes place when the information to be processed does not provide the opportunity for practice that leads to speed and ease. Working out an unfamiliar formula in math class is an example.

Frey and Rosch (1984) looked at the effect of *receptivity* to information presented; that is, whether the person feels good, bad, or neutral about it. They were interested in the type of information that would and would not be well received. They found that people are more open to new information if it either supports a decision that they have made or if the decision that they have made can be changed.

## Factors That Influence Development of Information Processing

Information processing capabilities seem to develop and improve with age, but not in stages similar to other cognitive functions (Knight & others, 1985). Adolescents have a greater ability to make use of memory strategies and other information-processing techniques than do younger children. Also, most older children have learned more information than younger children. This makes them better able to understand metaphors, and to detect contradictions between two sets of facts (Keil, 1984).

All this in turn probably explains to a great degree the developmental differences found in social values between younger and older teens. Apparently the older adolescent’s ability to deal with more complex social and ethical issues (e.g., what is moral sexual behavior?) is attributable in part to the increasingly complex level of information processing.

Another issue that has been investigated is the speed with which a person handles information. (This is a much more important issue for Western cultures than elsewhere. In most non-Western cultures, slow, calm, deliberate thinking is more valued.) Speed is frequently studied using very simple tasks that require little or no complex thought so that

## HOW WE CAN HELP TEENS BE MORE RECEPTIVE TO NEW INFORMATION

How can we help people to be more receptive to new information? We need to show how information could be relevant to their lives, even to the point of making them change their minds about something. For instance, suppose a teenager has been engaging in unsafe sex. Then he is presented with information which demonstrates that unless he refrains from sex altogether, or uses protection, he has a good chance of becoming a father, and may even contract AIDS.

This information alone is not likely to change his mind. It is necessary for him to discuss the beliefs that he has about his sexual practices, and thus reveal these stereotypes to the others. In doing so, he begins to see how faulty his thinking is.

You will find that most of the time, when irrational beliefs are discussed in a group, the members of the group become more open to change because they hear what others have to say. When they are more open to change, then the new information suddenly becomes more relevant to their opinions, and they are able to incorporate it into their value system.

the speed of the task and the nature of the task do not become confused. There are two basic points of view with respect to speed of information processing. One suggests that it is dependent upon the type of material being considered, for example, math versus music. The other notion is that it is related to the mental ability of the person, and not dependent upon the specific content of the task. Levine and others (1987) found that speed, like complexity of information processing, increases with age. Adolescents in general perform cognitive tasks more quickly than younger children, and older adolescents are faster than younger adolescents. (Unfortunately, this process does not continue into old age.)

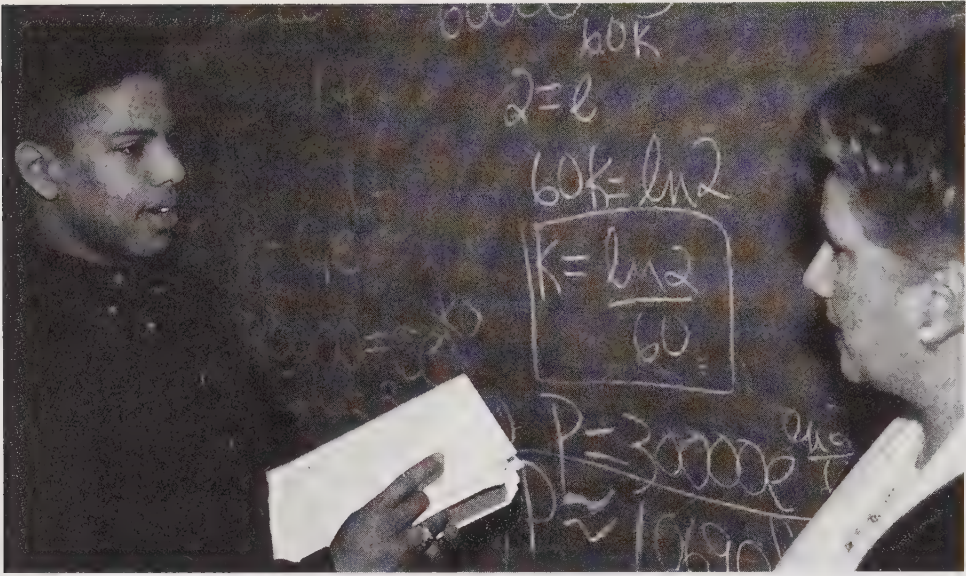
A number of studies have been conducted to investigate the relationship between speed of information processing and intellectual ability. Reaction times on fairly simple cognitive tasks were compared for gifted subjects and their average counterparts (Cohn & others, 1985; Jensen, Cohn, & Cohn, 1989). Data from these studies demonstrate that the higher the level of intellectual functioning, the greater the speed of processing.

## CRITICAL THINKING

**Critical thinking** involves making judgments after one assesses a situation. The integration of a number of skills helps an individual to make judgments. Pierce and associates (1988) found the factors that play a part in these judgments include the ability to:

- Make inferences from observations.
- Recognize assumptions, the ability to think deductively.





The ability to think critically usually improves greatly during the teen years. Solving math problems is an example of convergent thinking, one of the two mental processes on both critical and creative thinking.

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- Make logical interpretations.
- Evaluate arguments by recognizing the difference between a weak and strong position.

In short, critical thinking involves the ability to think logically, to apply this logical thinking to the assessment of situations, and to make good judgments and decisions. As Moore and Parker (1986) put it, it is “the correct evaluation of claims and arguments” (p. 2).

Guilford’s distinction between convergent and divergent thinking (1975) is relevant here, because critical thinking is made up of these two abilities. **Convergent thinking** is used when we want to solve a problem by *converging* or closing in on the correct answer. For example, if we were to ask you to answer the question, “How much is 286 times 469,” you probably could not produce it immediately. However, if you used a pencil and paper or a calculator, you would almost certainly arrive at the same answer as most others trying to solve the problem. There is only one correct answer.

**Divergent thinking**, on the other hand, is just the opposite. This is the type of thinking used when the problem to be solved has many possible answers. For example, what are all the things that would be different if it were to rain up instead of down. Other divergent questions might be, “What would happen if we had no thumbs,” and “What should we do to prevent ice buildup from snapping telephone lines.” Divergent thinking can be right or wrong, too, but there is considerably greater leeway for personal opinion than with convergent thinking. Not all divergent thinking is creative, but it is more likely



to produce a creative concept. To be a good critical thinker, it is not enough to analyze statements accurately. Often you will need to think divergently to understand the possibilities and the implications of those statements, too.

Because early adolescents are entering the formal operations stage of intellectual development, they become vastly more capable of critical thinking than younger children. As they move through the teen years, they grow in their ability to make effective decisions. This involves five types of newly acquired abilities (Moore & Parker, 1986):

- *Phase 1.* Recognizing and defining the problem.
- *Phase 2.* Gathering information.
- *Phase 3.* Forming tentative conclusions.
- *Phase 4.* Testing tentative conclusions.
- *Phase 5.* Evaluation and decision making.

As you may know, there is an ongoing controversy among educators as to whether we should spend more time teaching students basic information, or on teaching thinking skills that can be applied more generically. Critical thinking is one of these general abilities; creative thinking and moral reasoning are two others. As we discussed in the first part of this chapter, most young teens have reached the developmental stage at which the capacity for abstract and critical thinking exists. But can youth be taught to do it better? A number of studies, summarized in Idol (1987) and in Pierce and associates (1988), indicate that this is definitely possible.

In the next section, we will make a distinction between critical and creative thinking, but it is important that we not make too great a distinction, especially at this age level. Paul (1987) describes this concern well:

*Just as it is misleading to talk of developing a student's capacity to think critically without facing the problem of cultivating the student's rational passions—the necessary driving force behind the rational use of all critical thinking skills—so too it is misleading to talk of developing a student's ability to think critically as something separate from the student's ability to think creatively. . . . The imagination and its creative powers are continually called forth (p. 143).*

## CREATIVE THINKING

*This is the story about a very curious cat named Kat. One day Kat was wandering in the woods where he came upon a big house made of fish. Without thinking, he ate much of that house. The next morning when he woke up he had grown considerably larger. Even as he walked down the street he was getting bigger. Finally he got bigger than any building ever made. He walked up to the Empire State Building in New York City and accidentally crushed it. The people had to think of a way to stop him, so they made this great iron box which made the cat curious. He finally got inside it, but it was too heavy to get him out of again. There he lived for the rest of his life. But he was still curious until his death, which was 6,820,000 years later. They buried him in the state of Rhode Island, and I mean the whole state.*

Ralph Titus, a seventh-grade student

The restless imagination, the daring exaggeration, the disdain for triteness that this story demonstrates—all are signs that its young author has great creative potential. With the considerable knowledge we now have about how to foster creativity, this boy could develop his talents to his own and society's great benefit.

Creative thinking appears to have many elements—divergent thinking, fluency, flexibility, originality, and remote associations. One element that seems to be of special importance in adolescence is the use of metaphor.

## The Use of Metaphor

A metaphor is a word or phrase that comes to stand for another word or phrase, either by comparison or analogy (Morris, 1971). An example would be calling someone a “block-head.” The word *block* implies that the person is so stupid that his head must be made of a block of wood. Common sense suggests a relationship between metaphor use and creativity. Using a metaphor in speech involves calling attention to a similarity between two seemingly dissimilar things. This suggests a process similar to divergent thinking (Jaquish & others, 1984; Kogan, 1973, 1983; Wallach & Kogan, 1965).

Kogan (1983) believes that the use of metaphor can explain the difference between ordinary divergent thinking and high-quality divergent thinking. A creative person must be able to think of many different things from many different angles. In addition, she or he must also be able to compare them in uniquely different ways.

Although metaphors are typically first used by older children and adolescents, researchers are now looking at the symbolic play of very young children to see how the ability to make metaphors is learned (see Kogan, 1983, for a good review). The early imaginative play of children is now being viewed as a precursor both of metaphor use and of creativity.

One of the best sources on the study of the role of metaphor has been the work done by Howard Gardner and his associates at Harvard University. His seminal book, *Art, Mind, and Brain: A Cognitive Approach to Creativity* (1982) offers many insights into the process.

Gardner has based his research on the theories of Jean Piaget, Noam Chomsky, and Claude Levi-Strauss. He states that “these thinkers share a belief that the mind operates according to specifiable rules—often unconscious ones—and that these can be ferreted out and made explicit by the systematic examination of human language, action, and problem-solving” (p. 4).

Gardner's main efforts have focused on the relationship between the art of normal and brain-damaged children and adolescents, and their understanding of metaphor. He describes talking to a group of youngsters at a Seder (the meal many Jewish people eat to commemorate the flight of the Hebrews from Egypt). He told them how, after a plague, Pharaoh's “heart was turned to stone.” Each child interpreted the metaphor differently, but only the older ones could understand the link between an object (a stone) and a personality trait (the inability to feel one's emotions). Younger children are more apt to apply magical interpretations (for example, God or a witch) to explain a heart turned into stone. Gardner believes that the development of metaphoric language in students is as sequential as the stages proposed by Piaget.

Gardner and his wife (Gardner & Winner, 1982) examined such metaphors as a bald man having a “barefoot head” and an elephant being seen as a “gas mask.” They found clear changes in the level of sophistication as children grow older. Interestingly, there appear to be two opposing features:

- When you ask students to *explain* figures of speech, they get steadily better at it as they get older. There is a definite increase in this ability as the child reaches maturity.
- However, very young children seem to be best at *creating* their own metaphors. Furthermore, their own metaphors tend to be one of two types:

*Children who make their metaphors on visual resemblances may approach experience largely in terms of the physical qualities of objects. On the other hand, children who base their metaphors on action sequences may view the world in terms of the way events unfold over time. We believe that the difference may continue into adulthood, underlying diverse styles in the creation and appreciation of artistic forms. (p. 164)*

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## WHAT'S YOUR VIEW?

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### Case Report #223—Tommy E.

*Tommy is an unkempt child, whose physical health is poor due to frequent bouts with viral infection. His teachers report that the quality of his schoolwork is generally poor, and he has considerable difficulty with spelling and rote learning. He cares little for reading or writing and has a consistently negative attitude toward school in general. He frequently interrupts classes by “asking foolish questions,” being rude to the teachers, and playing practical jokes on others.*

*Last year he set fire to a portion of his home, and when asked why, his reply was, “Because I wanted to see what the flames would do.” The boy was given a beating by his father, in full view of the neighborhood.*

*He has attempted to hatch chicken eggs by sitting on them, and when this didn't work, he encouraged his playmates to swallow some raw. Neighbors have frequently noted explosions coming from the basement of the boy's home, where his mother permits him to play with chemical substances.*

*The boy's father has little regard for his son's intelligence, and has stated that strong disciplinary intervention and obedience training are the best methods for dealing with Tommy. Nevertheless, his mother, a former school teacher, insists that he be allowed to stay at home and receive the rest of his education from her.*

Imagine that you are the guidance counselor at Tommy's school. What would you do? Should you notify the authorities? Try to influence his parents? What's your view of this boy?

## PRACTICE MAKES PERFECT

Isn't it a shame that the wonderful ability to make metaphors declines during the school years? Although we have suggested why this happens, we also know that practice makes perfect. Therefore, giving students a chance to practice making metaphors is one of the best ways to contribute to their ability to think creatively.

Jim Betts, a seventh grade social studies teacher in New Orleans, runs a monthly contest in his class. He asks students to put up examples of metaphors on the bulletin board. Some examples have been, "About as reliable as a politician's promises," and "Wiser than an Abraham Lincoln." At the end of the month, he has the class vote for the best metaphor of the month. A small prize is offered, but he finds that the approval of the students is more important than any prize he can offer.

These researchers believe that the spontaneous production of metaphors declines somewhat during the school years. This is probably because the child, having mastered a basic vocabulary, has less need to ". . . stretch the resources of language to express new meanings" (p. 165). In addition, there is greater pressure from teachers and parents to get the right answers, so children become less risk-taking in their language. Gardner and Winner point to the *Shakespeare Parallel Text Series*, which offers a translation of Shakespeare's plays into everyday English ("Stand and unfold yourself" becomes "Stand still and tell me who you are"), as a step in the wrong direction. "If, as we have shown, students of this age have the potential to deal with complex metaphors, there is no necessity to rewrite Shakespeare" (p. 167).

When asked their diagnosis of 11-year-old Tommy, many psychology students label him emotionally disturbed, and recommend he be taken from his parents and institutionalized for his own good. Actually, this is an old but true case report, and the boy described in it eventually became a famous inventor—Thomas Alva Edison!

As you can see from these details about Edison's childhood, it is often hard to spot the children who have the most creative potential unless you know what you are looking for. In the next section we discuss this.

## Obstacles and Aids to Creativity

We may agree that creativity is a valuable trait and should be fostered, but how? A number of theorists have offered excellent suggestions (e.g., Adams, 1986; Treffinger & others, 1983), but educator Ralph Hallman's suggestions (1967) on the obstacles and aids to creativity are still classic. According to him, several persistent obstacles to creativity are:

- *Pressures to conform.* The pressure on the individual to follow standardized routines and inflexible rules is probably the major inhibitor. Authoritarian parents, teachers, and managers who demand order are responsible for the demise of a great deal of creative talent.





Thomas Edison's creative genius was not immediately recognized. As with many of the gifted, their talents may go unrecognized or arouse hostility in those around them.

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- *Ridicule of unusual ideas.* This destroys one's feelings of worth and makes one defensive and compulsive.
- *An excessive quest for success and the rewards it brings.* An overconcern with material success is often the result of trying to meet the standards and demands of others in order to obtain the rewards they have to give. In the long run, this distorts one's view of reality and robs one of the strength of character to be creative (Amabile & others, 1986).
- *Intolerance of a playful attitude.* Innovation calls for "playing around" with ideas, a willingness to fantasize and make-believe, and a healthy disrespect for accepted concepts. Often creative persons are seen as childlike and silly and their activity as wasteful, but these are only appearances. As Hallman remarks, "Creativity is profound fun."

In addition to recommending that we avoid these obstacles, Hallman urges that we promote the following aids, in ourselves and others.

- *Engage in self-initiated learning.* Most people who are in charge of others (managers, teachers, parents) find it hard to encourage others to initiate and direct their own learning. After all, this is certainly not the way most people were taught. They fear that if their subordinates are given greater freedom to explore reality on their own, they will learn wrong things, and/or will not learn the right things in the proper

sequence. We must put less emphasis on learning “the right facts,” and more on learning how to learn. Even if we do temporarily mis-learn a few things, in the long run the practice in experimentation and imagination will be greatly to our benefit.

- *Become deeply knowledgeable about your subject.* Only when persons make themselves fully familiar with a particular situation can they detach themselves enough to get an original view of it.
- *Defer judgment.* It is important to make wild guesses, to juggle improbable relationships, to take intellectual risks, to take a chance on appearing ridiculous. Refrain from making judgments too early.
- *Be flexible.* Shift your point of view; to dream up new ideas for things, imagine as many possible solutions to a particular problem as possible.
- *Be self-evaluative.* When a person comes up with a creative idea, at this time she or he is always a minority of one. History is replete with examples of ideas that were rejected for years before people began to realize their worth. Therefore, the creative person must be one who knows her or his own mind and is relatively independent of the judgment of others. In order to become a good judge of your own thinking, practice making many judgments.
- *Ask yourself lots of open-ended questions.* One extensive study showed that 90 percent of the time the average teacher asks questions to which there can be only one right answer, which the teacher already knows. Questions that pique curiosity and allow many possible right answers were asked only 10 percent of the time. Realize that you were probably taught that way, and take steps to rectify the tendency.
- *Learn to cope with frustration and failure.* Thomas Edison tried more than 2,000 combinations of metal before he found just the right kind for the electric element in his first light bulb.

## Creativity, Giftedness, and the IQ

As Feldman (1979) has pointed out, there have been many studies of “giftedness,” but only a few of exceptionally creative, highly productive adolescents. He believes that this unfortunate situation is attributed mainly to “the foremost figure in the study of the gifted,” Lewis M. Terman. Terman (1925) was well known for his research on 1,000 California children whose IQs in the early 1920s were 135 or higher. Terman believed these children to be the “geniuses” of the future, a label he kept for them as he studied their development over the decades. His was a powerful investigation, and one which has been followed by scholars and popular writers alike.

Precisely because of the notoriety of this research, Feldman argues, we have come to accept a *numerical* definition of genius (an IQ above 135), and a somewhat low one at that. Feldman notes that the *Encyclopedia Britannica* now differentiates two basic definitions of genius: the numerical one fostered by Terman; and the concept as first described by Sir Francis Galton (1870, 1879): “creative ability of an exceptionally high order as demonstrated by actual achievement.”



Child prodigies are distinguished by the passion with which they pursue their interests. Here we see the young Wolfgang Amadeus Mozart performing for a group of admiring adults. He was not merely precocious—able to perform at levels typical of older children; he was prodigious—able, at a young age to write music that is still performed by professional musicians.

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Feldman says that genius, as defined by IQ, really only refers to **precociousness**—doing what others are able to do, but at a younger age. **Prodigiousness** (as in child prodigy), on the other hand, refers to a young person who is *qualitatively* higher in ability than other children. This is a different concept from that of simply being able to do things sooner. Further, prodigiousness calls for a highly unusual matching of high talent and an environment that is ready for and open to creativity. If such youthful prodigies as Mozart in music or Fischer in chess had been born two thousand years earlier, they may well have grown up to be much more ordinary. In fact, if Einstein had been born *fifty* years earlier, he might have done nothing special—particularly since he did not even speak well until he was five!

So if prodigies are more than just quicker at learning, what is it that truly distinguishes them? On the basis of his intensive study of three prodigies, Feldman urges that,

*Perhaps the most striking quality in the children in our study as well as other cases is the passion with which excellence is pursued. Commitment and tenacity and joy in achievement are perhaps the best signs that a coincidence has occurred among child, field, and moment in evolutionary time. No event is more likely to predict that a truly remarkable, creative contribution will eventually occur (1979, p. 351).*

In summary, critical and creative thinking are similar in that they both employ convergent and divergent production. The main difference between them is that whereas critical thinking aims at the correct assessment of *existing* ideas, creativity is more aimed at the invention and discovery of *new* ideas. While each requires a certain amount of intelligence, creativity also depends on such traits as metaphorical thinking, an independent personality, and, as Feldman points out, a joyfulness in the process.

## GUIDELINES FOR CREATIVE PROBLEM SOLVING

Would you like to become a more creative problem solver, or help adolescents to think more creatively? Here are some suggestions that should help (Dacey, 1986):

- *Avoid the “filtering out” process that blocks problems from awareness. Become more sensitive to problems by looking for them. For example, examine your relationships with those with whom you live. Any problems there?*
- *Never accept the first solution you think of. Generate a number of possible solutions, then select the best from among them.*
- *Beware of your own defensiveness concerning a problem. When you feel threatened by a problem, you are less likely to think of creative solutions to it. For instance, is defensiveness causing you to “filter out” problems?*
- *Get feedback on your solutions from others who are less personally involved.*
- *Try to think of what solutions someone else might think of for your problem.*
- *Mentally test out opposites to your solutions. When a group of engineers tried to think of ways to dispose of smashed auto glass, someone suggested trying to find uses for it instead. Fiberglass was the result!*
- *Give your ideas a chance to incubate. Successful problem solvers report that they frequently put a problem away for a while, and later on the solution comes to them. It is clear that they have been thinking about the problem on a subconscious level, which is often superior to a conscious, logical approach.*
- *Diagram your thinking. Sometimes ideas seem to fork, like the branches on a tree, with one idea producing two more, each of which produces two more, and so on. Diagramming will let you follow each possible branch to its completion.*
- *Be self-confident. Many ideas die because the person who conceived them thought they might be silly. Studies show that females have been especially vulnerable here.*
- *Think about the general aspects of a problem before getting to its specifics.*
- *Restate the problem several different ways.*
- *Become an “idea jotter.” A notebook of ideas can prove surprisingly useful.*
- *Divide a problem, then solve its various parts. For example, problems with a roommate may involve false assumptions, miscommunication, and unwillingness to talk these things over.*
- *Really good ideas frequently require some personal risk on the part of the problem solver. In this we are like the turtle, which can never move forward unless it sticks its neck out.*



## CONCLUSIONS

As you have seen, cognitive development is a complex matter, one about which we understood very little prior to this century. The intellect clearly develops in stages. Contrary to earlier beliefs, thinking in childhood, adolescence, and adulthood are qualitatively different from each other. Furthermore, there are a number of other aspects of cognitive development: social cognition, information processing, egocentric thinking, critical thinking, and creative thinking.

A major use to which humans put their thinking abilities is to make decisions about how we should treat others, and how we feel we should be treated by them. The study of how thinking affects social relations is known as morality and we will investigate this trait, together with the closely associated trait of spirituality, in the next chapter.

## CHAPTER HIGHLIGHTS

### Intellectual Development

- Piaget focused on the development of the cognitive structures of the intellect during childhood and adolescence.
- The infant and child pass through Piaget's first three stages: sensorimotor, preoperational, and concrete operational.
- Piaget's highest stage of cognitive development, that of formal operations, begins to develop in early adolescence.
- Flavell suggests that there are seven aspects of transition from childhood to adolescent and adult thinking: the real versus the possible, empirico-inductive versus hypothetico-deductive, intrapositional versus interpropositional, combinations and permutations, inversion and compensation, information-processing strategies, and codification and solidification.

### Information Processing

- Theories of information processing are influential at present.
- These theories focus on individual differences in the storage, manipulation, and retrieval of information, not on stages of cognitive development.
- Two important aspects of information processing are automatic processing and controlled processing.

### Egocentric Thinking

- Adolescents focus much attention on themselves, and tend to be subject to the belief that everybody is looking at them. This phenomenon is called the imaginary audience.
- Many adolescents also hold beliefs about their own uniqueness and invulnerability. This is known as the personal fable.

## Critical Thinking

- Critical thinking skills include the ability to make inferences from observations, recognize assumptions, think deductively, make logical interpretations, and evaluate weak and strong positions in an argument.
- Critical thinking combines both convergent thinking, in which there is only one correct answer, and divergent thinking, in which there are many possible answers to a problem.
- Effective decision making, a formal operational process, is a part of critical thinking.

## Creative Thinking

- Creative thinking includes divergent thinking, fluency, flexibility, originality, and remote associations.
- In adolescence, the understanding and use of metaphor appears to be an important aspect of creative thinking.
- Conventional schooling often has a dampening effect on students' willingness to risk creative, metaphorical thinking.
- Terman's longitudinal study of 1,000 children with IQs of 135 and above began in the 1920s and continues to influence beliefs about giftedness.
- Criticism of genius, as defined by IQ, states that IQ indicates only precociousness but cannot account for prodigiousness.

## KEY TERMS

Abstract thinking 105	Empirico-inductive method 109	Metacognition 105
Accommodation 103	Formal operations stage 105	Operations 104
Adaptation 102, 103	Hypothetical reasoning 105	Organization 103
Assimilation 103	Hypothetico-deductive method 109	Personal fable 114
Automatic processing 116	Imaginary audience 114	Perspective taking 114
Cognitive structures 101	Information processing 116	Precociousness 125
Compensation 112	Information-processing strategy 112	Preoperational stage 104
Concrete operational stage 104	Interpositional thinking 110	Prodigiousness 125
Consolidation 113	Intrapositional thinking 110	Real versus the possible 109
Controlled processing 116	Inversion 112	Schemata 103
Convergent thinking 118	Later formal operations stage 107	Sensorimotor stage 102
Critical thinking 117	Logic 105	Social cognition 114
Divergent thinking 118	Mental structures 102	Solidification 113
Early formal operations stage 105		Zone of proximal development 115
Egocentric thinking 114		

## WHAT DO YOU THINK?

1. When you read about the progress the mind makes during adolescence, can you remember these changes happening to you? Describe some of your memories of those times.
2. Which of Flavell's seven aspects of intellectual development do you think is the most important during adolescence? Why?
3. Which of the two types of information processing, controlled or automatic, do you use most? Why do you think that is so?
4. What are some examples of egocentric thinking, perhaps drawn from your own experience?
5. Studies show that most people believe they are below average in creativity, which cannot be true, of course. By definition, half of all people are above average. Where do you fit as compared to all of your acquaintances on this trait? Why?
6. Do you believe you can free up your creative abilities? How can you start? Why don't you?

## SUGGESTED READINGS

- Clavell, J. (1981). *The children's story*. New York: Delacorte Press. Illustrates the way children and youth tend to accept things without question, whereas adults are more likely to fear change, and be suspicious of any deviation from the norm.
- Erikson, E. (1969). *Gandhi's truth*. New York: Norton. This is one of the best examples of "psycho-history," which is the biography of a person as seen from the two disciplines of psychology and history. Mahatma Gandhi was one of the most brilliant figures to ever live. His quest to free India from British domination makes for good reading. The stories about the forces that influenced his youthful thinking are particularly instructive.
- May, R. (1975). *The courage to create*. New York: Norton. A brilliant analysis of why most *don't* create, and how we might get the courage to do so.
- Potok, C. (1967). *The chosen*. New York: Fawcett. This is the story of a boy whose father is a rabbi in a strict Hassidic sect of the Jewish religion. It chronicles the struggle he has over his desire to be a good student and still be "normal."

All morality consists in a system of rules, and the essence of all morality is . . . in the respect which the individual acquires for these rules.

(Piaget, 1965, p. 13)

## MORALITY AND SPIRITUALITY

The Scientific Study of Moral Judgment—  
Piaget

*The Practice of Rules*  
*The Awareness of Rules*

Levels and Stages of Moral Reasoning—  
Kohlberg

*Levels of Moral Reasoning*  
*How Moral Development Occurs*  
*Critique of Kohlberg's Theory*

Moral Development and Gender—Gilligan  
*Largely of Female Moral Reasoning*  
*The Origin of Gender Differences in Morality*

*Critique of Gilligan's Theory*  
Moral Competence—Rest

Social Cognition

*The Role of Schemas*  
*Social Cognition and the Process of Change*

Perspective Taking—Robert Selman  
Intellectual/Ethical Development—Perry

*Perry's Stages and Positions*  
*"Women's Ways of Knowing"*  
*Five Female Perspectives on Knowing*

Spirituality and the Development of Faith  
*Religious Belief and Participation*  
*Theories of Spirituality*

Conclusions  
Chapter Highlights  
Key Terms  
What Do You Think?  
Suggested Readings



Although children are capable of acting morally, most of them are unable to think about what it truly means to be moral until they reach adolescence. There is an essential connection between the way we think and the way we think about morality. Cognitive changes of adolescence often encourage spiritual growth as well. We may say that morality has two parts: how we think about our behavior toward others (moral judgment), and whether we are motivated to behave as we believe we ought. We open our study of morality by looking at the first part of this definition.

As a result of having read this chapter, you should be able to:

- Explain Piaget's concepts of the practice of and awareness of rules, as they develop through childhood and adolescence.
- List Kohlberg's three stages and six levels of moral development, and explain his theory of how moral development occurs.
- Describe Gilligan's criticisms of Kohlberg's theory, and list her three stages of moral development.
- Define the concepts of moral components, social cognition, and perspective taking.
- Relate Perry's theory of intellectual/ethical development to the theory of Belenky and her associates.
- List Fowler's seven stages of the development of spiritual faith.
- Discuss these issues from an applied, a multicultural, and your own point of view.

## THE SCIENTIFIC STUDY OF MORAL JUDGMENT—PIAGET

Best known for his theory of cognitive development (see Chapter 4), Piaget has also received widespread acclaim for his ideas on the moral judgment of the child. Before he began his scientific observations (1932, 1948), morality was seen primarily as a philosophical problem. He defined morality as understanding rules and following them through one's own choice. He studied morality by systematically observing children play the game of marbles (as well as by asking them questions about a number of stories).

The game, as you probably know, calls for each player to place a marble in a two-foot wide circle drawn in the dirt. Then, by turns, each player rolls a marble from behind a line into the circle. Any marbles knocked out of the area belong to the shooter (see Figure 5.1). When there are no longer any marbles in the circle, each player must put in another marble. This social situation provides a good chance to watch the development of morality, since children of most ages and in many different countries play the game, and are able to talk about their understanding of its rules.

Piaget suggested that we can look at the development of moral judgment in two ways: the way children *practice* the rules, and the degree of their *awareness* of those rules. This distinction is made because children are often able to follow rules without being able to understand the reasons for them.

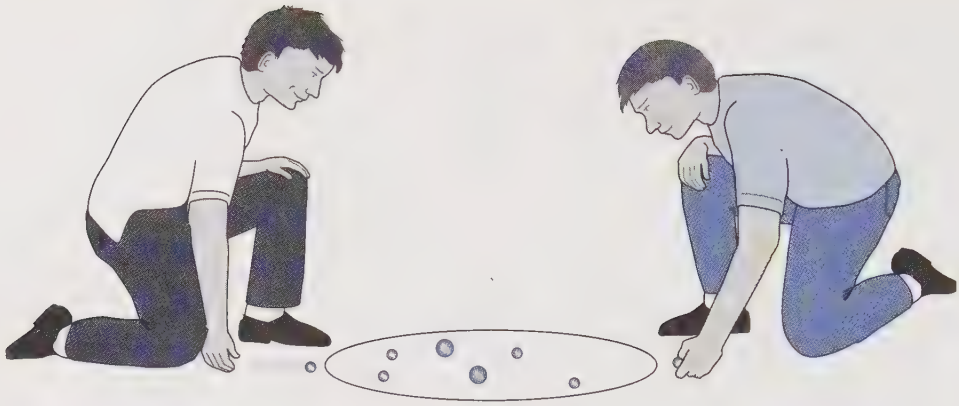


Figure 5.1 The game of marbles.

## The Practice of Rules

The four stages of rule practice suggested by Piaget are as follows:

- *Stage 1: The individual stage (up to 3 years).* In this period, children begin to grasp the mechanics of the game; they realize that there is regularity in the world and that this regularity may be seen in games. Once the ritual of the game is mastered, young children often want to go on to other games.

However, youngsters at this stage have no sense of “oughtness” about the rules. They imitate older children and have no awareness that the rules are necessary to play the game. The game itself is not a social activity and is often played alone. Enjoyment is derived only by imitation of the practice of the game.

- *Stage 2: The egocentric stage (4–7 years).* Now one can see the beginning of *responsibility* to follow the rules, although children rarely object if there is more than one winner. The major change at this stage is the awareness that it is important to play the game with other children. Players are beginning to enjoy the social interaction, but their own desires are still uppermost. At this stage, Piaget says, “. . . the very nature of the relation between child and adult places the child apart, so that his thought is isolated, and while he believes himself to be sharing the point of view of the world at large, he is really still shut up in his point of view (1965, p. 36).”
- *Stage 3: The cooperation stage (8–11 years).* By now children care about the definition of the rules, which are fixed and common for all players. Manual dexterity in the play of the game is secondary to winning. Even if luck plays a part, the child cares more about winning than about playing well. Cooperation is essential at this stage, but it is still largely a matter of necessity. The main thing is to rigidly follow the rules and to insure that no one cheats.

- *Stage 4: The codification of the rules (12 years and up).* The change that takes place at this stage is of great importance to teachers and others who work with adolescents, whose mental functioning takes a sharp new direction: they are beginning to reason hypothetically and abstractly. They can respond, for example, if asked, “What would happen if you were made the judge who determines what will happen to anyone who breaks the rules of your school?” They are able to imagine a large variety of possibilities in any situation.

At this stage, teens become deeply interested in the *reasons behind* the rules and can more readily imagine different and perhaps better rules for the game. They become more consistent in their practice of the game because of their new interest in the **codification** (establishing the details) of rules in general. Adolescents take great pleasure in anticipating all possible cases in a game and in developing rules to cover any of those possibilities.

At any of these stages except the codification stage, children may not be consciously aware of the rules they are following. Piaget suggests that there are three stages in the development of the consciousness of rules.

## The Awareness of Rules

- *Stage 1: Individualism (up to 5 years).* As children learn to play a game, they usually know that some things are allowed and some are forbidden. They also have the sense that these structures apply all the time. But this is the extent of their awareness of regulations. They are primarily interested in doing whatever they want to do and if that fits well with their playmates’ interests, fine; if not, that’s fine, too.
- *Stage 2: Heteronomy (6–9 years).* Piaget asked the children he studied three questions: “Can rules be changed?” “Have the rules always been the same?” and “How did the rules begin?” He discovered that children in this age group have an exaggerated respect for the sanctity of rules. Most are firmly convinced that rules in general have been handed down from authority figures like fathers, or sometimes from a politician or religious leader. Children are aware that rules can change, but believe that it is solely in the power of one of these authorities to change them.

This stage parallels the development of the child’s superego (which was described in Chapter 2). Children now identify strongly with those in authority; some see rules as sacred and absolutely unchangeable. Their sense of themselves is closely tied with their sense of the adults in their family and society. Just as mystics often cannot differentiate between their ideas and those that they believe to be God’s, children at this stage cannot distinguish between their own (often mistaken) interpretations of the rule, and rules which actually have been imposed from above.

- *Stage 3: Autonomy (10–12 years).* In this stage the dictates of adults and older children are left behind, and the rules become the tools of the player. Players may suggest rules at any time, and if these changes are accepted by all the players, then the game may be altered accordingly.

## JUST A LITTLE GAME OF CARDS

One of your authors recalls that when he was in junior high school, he often got together with some friends to play the game of blackjack, or twenty-one. This card game is quite simple but has a lot of variations. He and his friends began discussing the rules, and writing down their agreements as to what would happen if any of the many contingencies were to occur. For three afternoons in a row they talked on and on, and the discussions were so enjoyable that they never did play the game.

They were clearly at the codification stage. Teachers and others working with adolescents should be aware of this strong need of teenagers to codify rules. If they have a role in making the rules, they are *far more likely to obey them!* Some examples would be to ask the class to suggest topics for a writing assignment, to redesign the classroom setup, and to identify consequences for misbehavior.



The teenagers intense interest in the fairness of the rules of a card game are an example of codification stage thinking.

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### DOES DEMOCRACY DEVELOP NATURALLY IN ALL ADOLESCENTS?

Piaget believed that the tendency toward codification of the rules is a natural outgrowth of each child's maturation. As a result, he sees biological evidence that as adolescence begins, there is a natural tendency to believe in *democracy rather than authoritarianism*, regardless of the culture in which one is raised.

He came to this view watching children of several nationalities (although all of his subjects were Europeans). At this age, there is an instinctive sense of equality among all participants in early teenagers' games. Obviously some ideas are considered more reasonable than others, and an individual counts on the group to recognize these differences. He or she also expects the players to prohibit unfair innovations, because these would make the game less a matter of skill than it should be. There is a strong sense that each person, whether a good player or not, is entitled to one vote, and that the group has every right to make changes in the governance of the game they are playing. Thus, because codification develops naturally, Piaget reasoned, every youth has an innately positive attitude toward the principles of democracy!

A positive attitude toward democracy is genetic? What an exciting idea! Does it fit with your observations of young teens in the Western hemisphere?

Adolescents at this age realize that the generations before them have also made changes to rules. They can understand, for example, that the game of marbles was probably invented hundreds of years earlier by children playing with rounded pebbles, and that the rules of the game must have been continuously modified over time.

For Piaget, the development of moral judgment is closely linked to the development of intellectual ability. Thus, good character is largely a matter of good thinking. Taking up where his research ends is the brilliant work of the late Harvard psychologist, Lawrence Kohlberg (1927–1987).

### LEVELS AND STAGES OF MORAL REASONING—KOHLBERG

Kohlberg's first studies were of male adolescent moral judgment (he referred to it as moral reasoning). He saw adolescence as a critical time in the development of moral reasoning because of the cognitive changes that Piaget discovered. Kohlberg studied moral reasoning by asking adolescents to solve hypothetical moral dilemmas. The most famous dilemma that Kohlberg devised is the Heinz dilemma.

## THE MORAL DILEMMA

To discover the structures of moral reasoning and the stages of moral development, Kohlberg (1975) employed a technique called the *moral dilemma*, in which a conflict leads subjects to justify the morality of their choices. In one of the best known, a husband needs a miracle drug to save his dying wife. The druggist is selling the remedy at an outrageous price, which the woman's husband cannot afford. He collects about half the money and asks the druggist to sell it to him more cheaply or allow him to pay the rest later. The druggist refuses. What should the man do: steal the drug or permit his wife to die rather than break the law? By posing these conflicts, Kohlberg forces us to project our own views.

One caution on the use of moral dilemmas to advance a person's reasoning level: Kohlberg suggested, on the basis of his research, that people can only advance from one level to the next. That is, it is impossible for a person to move from level 2 to level 4 directly—it is necessary to go through level 3 first. Therefore, before you try to advance an adolescent's moral reasoning, you must find out at what stage she is operating.

Of course, this can cause problems for some instructors who may be anxious to bring students up to their own level of reasoning. Nevertheless, if Kohlberg was right, it will be to no avail to try to get the adolescent to skip over intermediate levels. This may be seen in his method for bringing students to a higher level. This involves discussing moral dilemmas with students, and through probing questions and pointing out errors in thinking, he guides them to an understanding of the next level.

Kohlberg classified adolescents' responses to the dilemmas on the basis of the reasons they gave for their solutions. Two adolescents could give the same solutions and be rated at different stages, if their explanations revealed different thought processes. Kohlberg suggested that there are three basic levels of moral reasoning: the *preconventional*, *conventional*, and *postconventional* levels.

## Levels of Moral Reasoning

At the **preconventional level**, the person is concerned with avoiding punishment and gaining satisfaction. At the **conventional level** (the one into which most adults fall), the person wants to fulfill society's expectations, and be fair to all. At the **postconventional level**, the person is concerned with moral principles that he has thought carefully about and chosen as his own. Kohlberg divided each level into two more specific stages; thus there are six stages all together. Table 5.1 lists the levels and stages, with an example of a moral dilemma and typical solutions at each stage.

Most young children and most delinquents are at stages one and two. Most adults are at stages three and four. Kohlberg estimated that 20 to 25 percent of American adults are

## Kohlberg's Stages of Moral Judgment

The dilemma: Al, age 14, sees his brother Jimmy, age 10, steal money from their mother's purse. Should Al tell Mom what Jimmy did?

### Preconventional Morality

*Stage 1: Obedience and punishment.* Child is self-centered, has strict pleasure-pain orientation. *Al:* "I wouldn't tell Mom—Jimmy would only get even with me later. It's better not to get involved."

*Stage 2: Naive instrumental hedonism.* Trade-offs and deals are made, but only if the child sees something in it for himself. Need satisfaction is still uppermost, but an awareness of the value of reciprocity has begun. *Al:* "It's better if I don't tell. I do bad things sometimes, and I wouldn't want Jimmy squealing on me."

### Conventional Morality

*Stage 3: Good-boy morality.* Child is eager for approval of others. Wants to maintain good relations. *Al:* "It's better to tell on him. Otherwise, Mom might think I was in on it."

*Stage 4: Authority and social order.* Child now seeks approval of society in general, but has rigid ideas as to what rules are; "Law and Order" mentality. *Al:* "I have no choice but to tell. Stealing just isn't right."

### Postconventional Morality

*Stage 5: Contractual legalistic.* Person makes contracts and tries hard to keep them; attempts to keep from violating the will or rights of others; believes in the common good. *Al:* "I'll try to persuade Jimmy to put the money back. If he won't, I'll tell. I hate to do it, but that money belongs to Mom, and he shouldn't have taken it."

*Stage 6: Universal ethics, individual conscience.* Obedience to social rules, except where they can be shown to contradict universal justice. The principles of pacifism, conscientious objection, and civil disobedience fall into this category. *Al:* "The most important thing is that Jimmy comes to see he's being unfair to Mom. Telling on him won't help out. I'm going to try to show him why he's wrong, then I'll help him earn money to pay Mom back without her knowing."

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Excerpt from *Essays on Moral Development: The Psychology of Moral Development, Volume II* by Lawrence Kohlberg. Copyright © 1984 by Lawrence Kohlberg. Reprinted by permission of HarperCollins Publishers.

at the postconventional stages (five and six), with only 5 to 10 percent ever reaching stage six. However, since his studies have turned up very few stage-six adolescents, Kohlberg treated five and six together (Lickona, 1977). Figure 5.2 summarizes these findings.

At the lower stages people act to *avoid punishment by others*; at the higher ones, they act to *avoid self-condemnation* (the punishment they impose on themselves, like guilt). Kohlberg proposed that what people believe guides how they will act. The reasons for conduct differ at the various levels. Higher-stage subjects might say that they don't

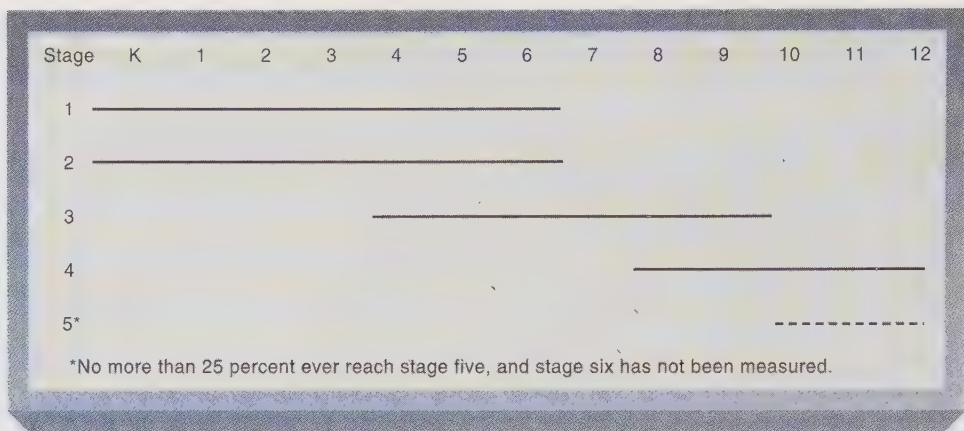


Figure 5.2 The average grade in school when Kohlberg's stages prevail. This figure is summarized from the findings of Lickona (1977).

cheat because to do so would not fit with how they want to be. Lower-stage subjects might say they don't cheat because they're afraid of being punished. Krebs (1967) found that whereas 70 percent of preconventional subjects cheated on a test, 55 percent of conventional subjects cheated, and only 15 percent of postconventional subjects cheated.

One interesting experiment, the Milgram electric shock obedience test (Turiel, 1974), was used to investigate the willingness of persons at the six stages to inflict pain on others. Prior to the experiment, each subject was rated as to morality stage. The subjects were told to give shocks of increasing severity to a "learner" in order to get the person to learn a task quickly. The "learner" was actually just an actor who put on a convincing performance. Most postconventional subjects refused to participate, quit when the victim expressed pain, or said they wanted to quit but felt obligated to fulfill their agreement. The rest of the subjects at the other moral stages willingly continued the experiment.

Kohlberg found that the stage of a person's moral reasoning remains fairly constant, regardless of the content of the dilemma. That is, those who reason at stage two tend to do so, no matter what the nature of the problem with which they are dealing. In his scoring, about half of an individual's statements about a moral dilemma fell into one stage, and the rest generally fell into the two adjacent stages. The same stages are also found in other cultures; the sequence of development is the same, although the speed of development is faster and is more likely to proceed to higher stages in some cultures than in others (Kohlberg, 1984).

Kohlberg's stages are invariably sequential; that is, persons cannot get to a higher stage without moving sequentially through the lower stages. There are no specific ages for any of his stages. Like Piaget, Kohlberg believed that any of the stages can be present in adults, even level one (for example, a psychopathic killer). He also believes that persons





In terms of morality, people tend to move from avoidance of punishment by others to avoiding self-condemnation.

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can become fixated at any of the levels. For example, persons at level two who are badly mistreated may find it impossible to move on to level three because they are so cynical about fellow human beings.

## How Moral Development Occurs

What motivates change from a lower to a higher stage? Kohlberg suggested three possibilities:

- *The psychoanalytic explanation.* Freud and his followers (see Chapter 2) propose that the young child develops a set of beliefs about morality based on the ideals of the adults around him. This set of beliefs is internalized and is called the superego. If the child's superego is strong, the child will gradually rise to the highest levels of morality. However, it has proved difficult to validate this theory through research.
- *The religious explanation.* Moral behavior is a response to one's conscience—a combination of learned values and the innate ability to discern right from wrong. When the child's learning is compatible with his conscience, the child will tend to be "good." If the teachings have not been "proper" (in line with religious values), the child will have a tendency to be "bad."

Like the superego theory, there does not seem to be much research evidence for this position. Kohlberg, like Piaget, saw conscience as largely a matter of decision-making ability. This is different from the Freudian view. Kohlberg believed that such

factors as intelligence, self-esteem, and the ability to delay gratification (also called will power) are likely to play a major role in a person's stage of morality. Philosophical beliefs, like religion, and personality characteristics, Kohlberg argued, tend to have only a minor effect on morality.

- *The genetic factor explanation.* The premise is that each person brings a genetic predisposition to her social behavior. Kohlberg called this the **principle of justice**. It refers to our inherited potential to recognize when we are being fair or unfair with each other—a concept similar to the religious position. The justice principle states that all human beings are equal in value, and that fairness in human interrelations is essential. It is a basic part of our nature and exists universally. Kohlberg felt that justice is the natural result of living in any community. This position is similar to Piaget's theory that democracy is the natural state of human beings.

## Critique of Kohlberg's Theory

Kohlberg's theory has been criticized on a number of counts. The most obvious criticism arises from the empirical evidence that very few adults reach stages five and six; on a worldwide scale only 1 to 2 percent reach levels five and six. Those mixing stages four and five account for 6 percent (Snarey, 1985). Children are typically at levels two and three. Adults typically are at levels three and four. Hence, the main difference between children and adults seems to be that adults no longer talk about personal likes and dislikes and begin talking about social institutions and systems.

In addition, Kohlberg's premise that formal operational thinking is necessary for genuine moral understanding has not been confirmed conclusively (Haan & others, 1982). As we mentioned before, not only do few adults reach formal operational thinking, but context may determine whether or not formal operational thinking takes place. It could be inferred that one's moral stage may depend upon what one is thinking about (Miller & Bersoff, 1989).

Kohlberg's theory is alleged to be biased by class and schooling. It has been found that urban, middle-class groups throughout the world score higher on Kohlberg's tests of moral development (Snarey, 1985). It could be surmised that schooling increases self-reflection and, hence, moral thinking. But the more negative conclusion is that because Kohlberg ties his theory to Piaget's stages of cognitive development, the less educated, the lower class, and rural people are at lower cognitive levels as well as lower levels of moral development (Liebert, 1984).

Some critics have concluded that Kohlberg's methodology is at fault. They see his moral dilemmas as verbal justifications of moral ideas. Thus, his methodology is dependent upon argumentation skills. This in turn may explain the class and schooling bias; obviously, schooling encourages development of verbal skills. But the question remains—does Kohlberg's methodology reveal how someone acts or how someone says he or she would act?

Another important question about morality is, "Is there a difference between males and females in stages of morality?" Yes, according to research reviewed by Kohlberg (1970). Whereas the average male reaches stage four (law and order), the typical female

develops no higher than stage three (good girl). This difference, however, has been the subject of hot debate. The reasons for this discrepancy in levels of morality of men and women was first investigated by Kohlberg's Harvard colleague Carol Gilligan (1977).

## MORAL DEVELOPMENT AND GENDER—GILLIGAN

Gilligan believes that Kohlberg's theory penalizes women for their greater sensitivity to what others think. Gilligan summarizes the situation: "Herein lies that paradox, for the very traits that have traditionally defined the 'goodness' of women, their care and sensitivity to the needs of others, are those that mark them as deficient in moral development" (1977, p. 484). Thus she argues for the importance of the **principle of caring**.

Kohlberg (1970) argued that the difference is the result of men having greater practice in moral problem solving. Gilligan (1983) feels that this is not true. She believes the problem lies with male bias inherent in Kohlberg's theory itself:

*As long as the categories by which [moral] development is assessed are derived within a male perspective from male research data, divergence from the masculine standard can be seen only as a failure of development (p. 490).*

This bias results in an emphasis on what is fair and in a lack of attention to other aspects of interpersonal relations.

Gilligan (1983) argued that in addition to male bias, Kohlberg's scoring system is suspect because it is based only on responses to hypothetical examples. In her groundbreaking research, she studied moral development by examining the reasoning of women contemplating an abortion, clearly a serious and difficult moral decision.

Gilligan's lengthy interviews lead her to conclude there are three distinct levels of female moral development, with a specific period of transition between each. She found the following sequence of development in women's moral growth.

### Levels of Female Moral Reasoning

*I. Individual survival.* At this level, reasoning is limited strictly by concern for herself. The woman contemplating an abortion justifies it by saying, "I just don't want a baby, that's all. It would not be good for me now." Or, she says, "I just want this baby," even though she has no means to support and nurture it.

*IA. Transition from selfishness to responsibility.*

*II. Self-sacrifice and social conformity.* As a result of the first transition, which often occurs during adolescence, the woman moves from selfishness to self-sacrifice. A sense of responsibility and concern for others now dominates her thinking. Even if she wants to have the child, a woman might abort it because "it would not be a good life for the baby, and its father wants me to get rid of it." Another example might be the woman who does not want the child but has it anyway "for the child's sake and/or for the father's sake." Gilligan feels that female lives have traditionally been governed by males. Females, therefore, feel powerless. Because of this, females at this stage justify their position by exalting the life of sacrifice.

## IIA. From goodness to truth.

III. *Nonviolence.* In the second transition, which for many never takes place, women come to recognize their powerlessness as being more a matter of attitude than of necessity. Such a woman learns to “verify her capacity for independent judgment and the legitimacy of her own point of view” (p. 502). Her moral decision now includes her own needs as well as those of others. Now the criterion is to be nonviolent, to cause as little hurt to self and others as possible. “It is true my boyfriend wants me to have an abortion and I can see why he feels that way, but I think it would cause me too much pain, so I’m not going to do it.” Such decisions are more difficult than those made at the first two levels because they are more complex.

Table 5.2 compares Gilligan’s and Kohlberg’s theories.

Since her original work, Gilligan has gone on to further explore real-life moral reasoning. Her recent work has answered many theoretical questions. Among them is the question, “Are there differences between male and female moral reasoning, and if so, why?”

## The Origin of Gender Differences in Morality

The care orientation that Gilligan describes places an emphasis on the *interdependence of relationships* (see Chapter 6). Kohlberg’s justice orientation emphasizes rights and fairness. Gilligan finds that women and girls often use the ethic of care in making decisions about their lives (Gilligan & others, 1988; Gilligan & others, 1989). She feels that the ethic of care stems from the *attachment* of children to their mother (Gilligan & Wiggins, 1987). Through attachment children learn about the give-and-take nature of relationships. Girls learn to influence their mothers through connection, laying the foundation for the ethic of care.

Boys learn an ethic of justice through their early relationships with their mothers. Boys learn to influence their mothers by asserting themselves—striking out on their own. Gilligan says that boys become more aware of the *inequality* that is a part of the mother/child relationship: mothers are powerful and children are dependent (Gilligan & Wiggins, 1987). Both girls and boys experience attachment and inequality in their early relationships with their mothers, but it is attachment that is most important to girls and inequality that is most important to boys. This results in the female preference for care and connection and the male preference for justice and fairness, according to Gilligan.

## Critique of Gilligan’s Theory

Gilligan’s initial work was conducted in response to Kohlberg’s theory of moral development (Gilligan, 1982). She felt that Kohlberg’s dilemmas were not sensitive to interpersonal elements of moral reasoning (care). This, she argued, resulted in females being rated at Kohlberg’s third stage of moral reasoning, as opposed to the fourth stage for males. One researcher (Walker, 1984; 1989) reviewed 108 studies of moral reasoning and found that gender differences in Kohlberg’s stages did not exist. Instead, Walker found that level of education accounted for most of the differences. Therefore, Kohlberg’s assumptions of a gender difference and Gilligan’s assumption of bias against women appear to be inaccurate (Boldizar & others, 1989; Gibbs & others, 1984 ).



Table 5.2

## COMPARISON OF GILLIGAN'S MORALITY OF CARE AND RESPONSIBILITY AND KOHLBERG'S MORALITY OF JUSTICE

	<b>Morality of care and responsibility</b> <i>Gilligan</i>	<b>Morality of justice</b> <i>Kohlberg</i>
Primary Moral Imperative	Nonviolence/care	Justice
Components of Morality	Relationships Responsibility for self and others Care Harmony Compassion Selfishness/self-sacrifice	Sanctity of individual Rights of self and others  Fairness Reciprocity Respect Rules/legalities
Nature of Moral Dilemmas	Threats to harmony and relationships	Conflicting rights
Determinants of Moral Obligation	Relationships	Principles
Cognitive Processes for Resolving Dilemmas	Inductive thinking	Formal/logical-deductive thinking
View of Self as Moral Agent	Connected, attached	Separate, individual
Role of Affect	Motivates care, compassion	Not a component
Philosophical Orientation	Phenomenological (contextual relativism)	Rational (universal principle of justice)
Stages	I. Individual Survival IA. From Selfishness to Responsibility* II. Self-Sacrifice and Social Conformity IIA. From Goodness to Truth* III. Morality of Nonviolence	I. Punishment and Obedience  II. Instrumental Exchange III. Interpersonal Conformity  IV. Social System and Conscience Maintenance V. Prior Rights and Social Contract VI. Universal Ethical Principles

From M. Brabeck, "Critical Thinking Skills & Reflective Judgement" in *Journal of Applied Developmental Psychology*, 4:23–24. Reprinted with permission of Ablex Publishing Corporation, Norwood NJ.

\*Marks a transition stage.

### ATTACHMENT AMONG ZAWIYA YOUTH

In support of Gilligan's theory, Davis and Davis (1989) studied adolescents in Morocco and found both male and female Zawiya youth valued reciprocity and mutual respect over abstractions of ethics. Their responses to moral dilemmas revealed their culture's ethics in which reciprocal obligations to friends and family are central. This evidence would seem to support an ethic of connectedness and caring rather than one of autonomy and independence.

Although widely celebrated, Carol Gilligan's work has also been criticized (Brabeck, 1989; Philibert, 1987) as to how well her findings can be generalized. Since her research consists of interviews with small numbers of women, it is unclear if it represents all women (Puka, 1989). Others note that Gilligan's theory of justice and care isn't really new: Aristotle in the third century B.C. recognized both ethics (Waithe, 1989). Gilligan's use of justice and care, as ethics preferred by men and women respectively, also isn't new: Lacan wrote about this years earlier (Brabeck & Weisgerber, 1988). And even though Gilligan says that both justice and care are equally important (Gilligan & Attonucci, 1988), some have concerns that care is presented as being preferable to justice (Waithe, 1989). Yet, Kohlberg's hierarchy of stages also assumes that an abstract principle of justice is preferable. Others think that we are led to think about justice and care as mutually exclusive (you can have only one or the other) (Hare-Mustin, 1983; Higgins, 1989; Puka, 1989). These researchers say that both ethics should be equally valued in our society (Brabeck, 1989).

### MORAL COMPONENTS—REST

Another researcher who has built on Kohlberg's foundation is James Rest (1983). He asks the important question, "By what thinking process does a person solve a moral dilemma?" Rest has found that the path to a solution is usually composed of four **moral components**:

- *Component I: Interpreting the situation.* The first step is to figure out how different plans of action would affect the people involved. This is called **social cognition** (which we will discuss in further detail later in this chapter). The ability to think critically about interpersonal issues develops through age and experience. Rest also feels that emotional arousal influences how we might interpret a situation. If a person is insensitive to the needs of others, he may have difficulty with this component.
- *Component II: Figuring out the ideal moral course of action.* The second step is to determine what ought to be done. This involves balancing personal wishes and **social norms** (what the society we live in says is right). If a person is unable to think about all the complexities of a situation, she may have difficulty with this component.

## MORALITY AND TEENAGED PET OWNERSHIP

Researchers asked young adolescents to write an essay in response to the question, "In case of fire, what one possession would you save and why?" (Gage & Christensen, 1990). One-quarter of the 1,265 responses were about saving a pet. The researchers used Kohlberg's coding scheme and rated the essays. They found that most essays were in stage two, hedonism. Below are two essays by 13-year-olds that Gage and Christensen received. Do you agree that they should be rated in stage two?

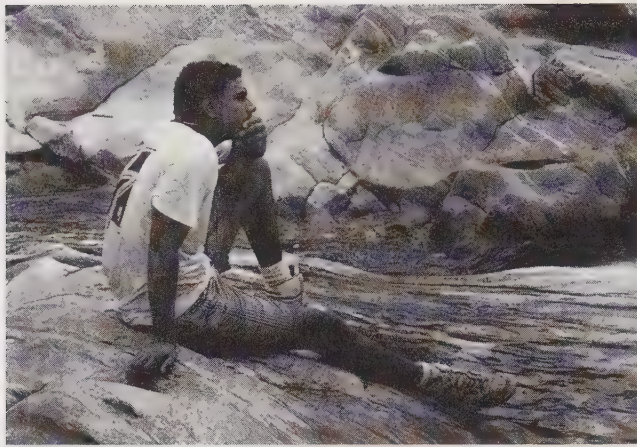
"In case of fire, the one possession I would save is my dog. My dog is always by my side when I am sick or nobody else is around, and she always protects me when nobody else is home. She is fun to play ball and tug-of-war with and take walks and play tag with. She is always in a happy mood. Another and the most important reason I would want to save her is because she is my best friend. She is easy to talk to and never gives away my secrets. She is a great partner and very helpful. She would also need my help getting out of the house, so we would need each other in a way. She would probably do the same thing for me if she were me and I were she."

"If there were a fire in my house, the first thing I would save besides my family, would be my parakeet, Humphrey. I got him for Christmas and have spent a lot of time training him and building up a friendship that I hope will last forever. Secondly, I would save him because I am not through training him. I want to see him grow up and learn the ultimate trick—talking. Finally, I would save him because he is the only thing of real value that I own. He is sitting on this pen making faces at me, trying to get me to play with him—maybe he finds this paper hard to write."

What other stages might these two responses be classified as? How would Carol Gilligan rate them? When you were thirteen, did you have a pet? Do either of these essays reflect your own feelings about your pet when you were that age?

- *Component III: Deciding what to actually do.* The third step is to select a path of action that is close enough to the ideal, but is realistic to all circumstances. Rest believes this involves decision-making ability and moral motivation. Decision making is usually talked about as a bargaining process that happens in a person's mind: weighing all the variables of a situation as costs and benefits.

Rest thinks that the decision-making model fails to include the emotional component of moral situations, and so it must be considered along with motivation. Motivation to act in ways that an individual thinks are moral develops throughout the lifespan. This is difficult to pinpoint. It may come from a desire to help others (as the person has benefited from his own parents), or from empathy for others. If a person finds his moral values to be in conflict with other values (like wanting to fit in with a peer group which has different values), there may be difficulty with this component.



“Figuring out the ideal moral course of action” is the second of James Rest’s four moral components.

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- *Component IV: Implementing the plan.* The final step is to actually do what has been decided. As Rest points out, good intentions can be quite different from good deeds. To carry out a plan of moral behavior, Rest notes that an individual needs perseverance and self-regulation. If a person carefully decides on a course of action, but loses sight of the goal as she starts to implement the plan, she may have difficulty with this component.

Rest developed a test to capture the first three components of moral behavior. It has often been used with adolescents (Lapsley & others, 1984; Lonky & others, 1988). As did Kohlberg, Rest seeks to understand moral reasoning. His test, called the *Defining Issues Test* (DIT), uses six moral dilemmas, including Kohlberg’s story about Heinz. The person first reads a dilemma, then reads 12 statements about issues that are involved in solving the dilemma. The person then rates how important the statements are to him as he tries to solve the dilemma. An example of an issue statement is, “Whether a community’s laws are going to be upheld” (p. 584). The person goes through this process with all six dilemmas. An evaluation of the responses taken together determine an individual’s stage of moral development.

Rest’s DIT assumes that moral thinking is based on principles of how people should cooperate in social situations. The higher the score on the DIT, the better is the person’s ability to understand rights and duties in a social setting.

As we mentioned previously, social cognition is a major contributor to moral behavior. As the Native American saying states, “One must walk a mile in another man’s moccasins in order to know why he does what he does.” That is, we cannot recognize a person’s motivations unless we have had similar experiences. Let us take a closer look at this concept.



## SUGGESTIONS FOR PROMOTING MORAL GROWTH IN THE CLASSROOM

1. Focus on establishing the classroom as a community where the participants will live and learn together in an atmosphere of respect and security.
2. Provide opportunities for the class to have a voice in establishing the rules of the classroom.
3. Choose punishments that relate to the offense, stressing where possible the effect of the student's action on the group.
4. Make distinctions between criticisms of academic work and criticisms of behavior, and rules for the good order of the school and rules affecting justice and human relations.
5. Provide opportunities for peer group work.
6. In stories and discussion of everyday experience, help the students to consider the feelings of other real or fictional persons.
7. Role play experiences from daily life, events that lead to disappointments, tensions, fights, joys, in order to provide opportunities for the pupils to see the event from perspectives other than their own.
8. Discuss with the class what they consider fair and unfair classroom procedures and relationships.
9. Frequently take time to listen to each student's responses to questions of moral judgment, and stimulate discussions that will provoke higher-stage reasoning, using literature, film, and life experiences.
10. Avoid making judgments about moral development on the basis of behavior. People at six different stages might perform the same action, but for different reasons.

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## SOCIAL COGNITION

Social cognition is the means by which people make sense of other people and decide how to interact with them (Fiske & Taylor, 1984). Given the adolescent's interest in themselves and in peers, it is not surprising that social cognition plays a critical role in adolescent thinking. As mentioned in Chapter 4, it is during adolescence that the ability to think in the abstract emerges. This ability combines with an increase in social experience. The result is a major change in the way adolescents can understand themselves and others. In Morocco it was found that adolescent social cognition levels correlated with educational levels; in other words, youth with advanced education did better on the average (Davis and Davis, 1989).



Attitudes toward adolescence in non-Western countries are different in many ways, as studies of teens such as these Moroccan girls has shown.

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The adolescent is also able to entertain conflicting views. For example, if a young boy has a fight with a friend, he'll often declare, "I'm not your friend anymore." And that's exactly what the child means: he does not have the cognitive capacity to understand that he can both be angry at his friend and still be friends with him. The young child can't hold two such conflicting views in his head at once. In adolescence, the ability to analyze his own thinking will allow him to make that leap. Adolescents, because of their interest in maintaining social connections, can misuse this capacity. This can lead to any number of exaggerated conclusions. For example, how many times have you heard a teenager say something like, "I thought he was a really nice guy, but now I can see that he is a total jerk!"

## The Role of Schemas

Fiske and Taylor (1984) have argued that research on social cognition is concerned with two areas. The first area is the study of how people store and sort social information in their minds. This part is concerned with **schemas**, which are mental representations of our roles, of other people and their roles, and of the situations in which they might interact. These schemas function like files into which we sort and classify new information. Examples would be "people whom I'd better be nice to" or "situation in which I ought to cooperate/share."

Just like any filing system, we build new folders when we come across new information that won't fit into the folders we already have. When we interact with the world we are constantly getting new information. We take that information and sort it into the cognitive files we already have. This process happens unconsciously and it helps us store

information efficiently. Schemas also guide what we expect to see. When we come across something that in some ways seem familiar, we look into our “files” to see how it fits in with other things that are familiar. For example, an adolescent girl might have schema about what adults are like, based mostly on her parents. (This is called assimilations; see Chapter 4.) When she interacts with a new adult about the same age as her parents, that schema will shape her initial impressions of that new adult. The schema shapes what the adolescent expects, which in turn shapes how she behaves. But how do schemas change as we have new experiences?

## Social Cognition and the Process of Change

The second area of social cognition is the study of the process of change (known as accommodation; see Chapter 4). This area concerns how people use schemas and what makes them change or stay the same. Let’s again consider the same adolescent. If she is bussed to a suburban school and comes to know a lot of adults who are very different from her parents, will her expectations (schemas) of adults change? How does cognitive functioning change in response to experiences with others? These are the issues that researchers studying social cognition try to sort out.

Traditional theories of cognitive development describe how a person’s interactions with the world alters their way of thinking about things. Piaget’s theory, for instance, emphasizes an individual’s hands-on experiences with *things*, not people. It is only when Piaget talks about moral development and older children that he focuses on social experiences and the importance of other people in development.

Similarly, Elkind’s classic work (1967) focuses on how an adolescent’s cognitive development shapes social development. As you recall from Chapter 4, Elkind described the advent of formal operations as leading to two adolescent thinking traits. Teens come to think that everyone is thinking about and watching them (imaginary audience). They also are filled with a feeling of invincibility—that they can rise above anything (personal fable).

Lapsley (1989) thinks that Elkind’s theory overlooks the fact that social experiences are important throughout life, not just starting in adolescence. He argues that to understand adolescent social cognition, we need to think about how it develops in childhood as well. Robert Selman’s theory of **perspective taking** probably does this best.

## PERSPECTIVE TAKING—ROBERT SELMAN

Selman (1980) believes that the way a child relates to other children depends on that child’s personal theory about what other people are like. Furthermore, the child’s view of what other people are like changes over time. The child’s *perspective* on being a person develops with age. The peer review section in Chapter 8 includes a summary of Selman’s five levels of perspective taking at each of five age ranges, together with the implications for friendship of each. Note that a major theme that flows through the levels is the growing realization that other people have different points of view, and that these must be taken into consideration when dealing with them.



Selman's work, together with what we know about formal operations, helps to explain how the adolescent's imaginary audience comes to be. When an adolescent is at Selman's level 3, there is a high degree of self-consciousness that pushes the adolescent to use his new cognitive capabilities to create the imaginary audience. Lapsley and Murphy (1985) propose that the imaginary audience becomes a way for the adolescent to *anticipate the reactions of others*.

This is different from Elkind's definition of the imaginary audience, which says that adolescents attribute their own perspective to others. At the same time, teens weave together their ability to think hypothetically (formal operations) and their ability to analyze relations with others. As a result, the imaginary audience seems to emerge.

How does Selman's work explain the personal fable? Again Lapsley and Murphy note that the self-reflective awareness of level 3 helps adolescents understand themselves. This leads to an appreciation of their own mental powers that can result in a feeling of great power. This sense of power leads to what Elkind has called the personal fable. However, when adolescents enter Selman's level 4, they realize that there are limits to their ability to control their own thoughts. This pushes them to abandon the personal fable.

In one study, Lapsley (1989) measured adolescents' ability to monitor their own behavior, their use of imaginary audience, and the use of their personal fables. He found that high self-monitors had higher scores on imaginary audience and on personal fables. This supports his theory that imaginary audience and personal fables are actually tools to sharpen adolescent social cognitive skills—not retreats from that development.

Another aspect of adolescent social cognition is the emergence of relative thought. The awareness of their own ability to come to their own understandings about the world sparks adolescents to see knowledge as *manufactured by the individual*. Therefore they see knowledge as person-relative (Lapsley, 1989). This realization is "typically accompanied by a sense of uneasiness that is hard to shake off" (Chandler, 1975, p. 172). In his classic work, Michael Chandler (1975) notes that there are two main ways that adolescents deal with this uneasiness: they emphasize their own individuality and at the same time, many also become ardent members of some club or cult. Both defenses help them deny the loneliness they feel. By celebrating individuality, the adolescent is saying, "We're all different and I think it's great. . . . it's not at all scary." By becoming a committed group member, the adolescent is saying, "Even though we may all seem different, really we're all very much alike. Look how much I'm like my friends." As they develop, most are able to reconcile these two extreme reactions, and realize that some knowledge may be relative and some may not.

This concept of relativity—what is true depends on how you view it—plays a growing role in adolescent thinking, and especially how they think about morality. Two research efforts, one led by William Perry and the other by Mary Belenky and her associates, have made excellent contributions to our understanding of this thinking.

## INTELLECTUAL/ETHICAL DEVELOPMENT—PERRY

Perry (1968a, 1968b; 1981) studied the intellectual/ethical development of several hundred Harvard College male students aged 17 to 22. The results of these studies led Perry to suggest a sequence of intellectual and ethical stages which typically occur during the





Teenagers deal with the uneasiness of relative thought by simultaneously emphasizing their own individuality and by becoming ardent members of some club or cult.

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transition from late adolescence to early adulthood. This sequence consists of nine positions on the nature of truth, which progress from belief in absolute authority to the recognition that one must make commitments and be responsible for one's own beliefs.

## Perry's Stages and Positions

Perry's nine positions are divided into three broader stages: **dualism**, **relativism**, and **commitment**.

*Dualism.* ("Things are either absolutely right or absolutely wrong")

- *Position 1:* The world is viewed in such polar terms as right versus wrong, we versus they, and good versus bad. If an answer is right, it is absolutely right. We get right answers by going to authorities who have absolute knowledge.
- *Position 2:* The person recognizes that some uncertainty exists, but ascribes it to poorly qualified authorities. Sometimes individuals can learn the truth for themselves.
- *Position 3:* Diversity and uncertainty are now acceptable but considered temporary because the authorities do not know what the answers are yet. The person becomes puzzled as to what the standards should be in such cases.

*Relativism.* ("Anything can be right or wrong depending on the situation; all views are equally acceptable")

- *Position 4a:* The person realizes that uncertainty and disagreement are often extensive, and recognizes that this is legitimate—"anyone has a right to an opinion." It is possible for two authorities to disagree with each other without either of them being wrong.
- *Position 4b:* Sometimes the authorities (such as college professors) are not talking about right answers. Rather, they want students to think for themselves, supporting their opinions with data.
- *Position 5:* The person recognizes that all knowledge and values (including even those of an authority) exist in some specific context. It is therefore relative to the context. The person also recognizes that simple right and wrong are rare, and even then, they exist in a specific context.
- *Position 6:* The person realizes that because we live in a relativistic world, it is necessary to make some sort of personal commitment to an idea or concept, as opposed to looking for an authority to follow.

*Commitment.* ("Because of the available evidence and my own understanding of my values, I have come to new beliefs")

- *Position 7:* Persons begin to choose the commitments that they will make in specific areas. This is where social cognition is particularly relevant. The growth in cognitive ability that usually comes with adolescence permits a much deeper awareness of all the ways they might relate to fellow human beings.
- *Position 8:* Having begun to make commitments, the person experiences the implications of those commitments and explores the various issues of responsibility involved.
- *Position 9:* The person's identity is confirmed through the various commitments made. There is a recognition of the necessity for balancing commitments. Perry (1981) describes this ninth position:

*This is how life will be. I will be whole-hearted while tentative, fight for my values yet respect others, believe my deepest values are right yet be ready to learn. I see that I shall be retracing this whole journey over and over—but, I hope, more wisely (p. 276).*

Some students move through these stages and the nine positions within them in a smooth and regular fashion; others, however, are delayed or deflected in one of three ways:

1. **Temporizing:** Some people remain in one position for a year or more, exploring its implications, but hesitating to make any further progress.
2. **Escape:** Some people use opportunities for detachment, especially those offered in positions 4 and 5, to refuse responsibility for making any commitments. Since everyone's opinion is "equally right," the person believes that no commitments need be made, and thus escapes from the dilemma.
3. **Retreat:** Sometimes, confused by the confrontation and uncertainties of the middle positions, people retreat to earlier positions.

If young adults are able to avoid these traps, they should be able to achieve the commitments that are the hallmark of the mature person. Although some have criticized Perry's theory (see Kitchener & King, 1981; Brabeck, 1984), there is about it a certain common sense. At least, his ideas seem to fit well with your authors' combined 34 years of teaching experience with college students. Now let us turn to the research that was spurred by Perry's work.

## “WOMEN'S WAYS OF KNOWING”

In a collaborative study, four female psychologists (Belenky & others, 1986) set out to answer the question, “Do women's ways of knowing develop differently from men's? If so, how do females come to learn and value what they know?” Their study was rooted in Perry's work and also the work of Carol Gilligan.

Belenky and her associates conducted a series of lengthy and intense interviews with 135 women of diverse socioeconomic background. They found five different categories of ways in which women know and view the world. While some of the women interviewed clearly demonstrated a progression from one category to the next, the researchers contend that, unlike Perry and Gilligan, they are unable to discern a progression of clearcut stages. Although the implications for ethical/intellectual development in adolescent females are not yet clear, it should be obvious that this research is going to have an impact on adolescent psychology, so we thought you should know the findings.

### Five Female Perspectives on Knowing

The five perspectives are:

1. *Silence.* Females in this category literally described themselves as “deaf and dumb.” These women feel passive and dependent. Like players in an authority's game, they feel expected to know rules that don't exist. Their thinking is characterized by concepts of right and wrong, similar to the males in Perry's first stage. Questions about their growing up revealed family lives filled with violence, abuse, and chaos. The researchers noted that “gaining a voice and developing an awareness of their own minds are the task that these women must accomplish if they are to cease being either a perpetrator or victim of family violence” (p. 38).
2. *Received knowledge.* These women see *words* as central to the knowing process. They learn by listening, and assume truths are received from authorities. They are intolerant of ambiguities and paradoxes, always coming back to the notion that there are absolute truths.

Received knowers seem similar to the males that Perry described as being in the first stage of dualism, but with a difference. Perry's subjects feel a great affiliation with the knowing authority. The women of this perspective are awed by the authorities, but are far less affiliated with them. In contrast to the males of Perry's study, “received knowers” channel their energies and increased sense of self into the care of others.

3. *Subjective knowledge.* In their study, the researchers noted that women in the subjective knowledge category often had two experiences that pushed them toward this perspective: some crisis of male authority that sparked a distrust of outside sources of knowledge, and some experience that confirmed a trust in themselves. Subjectivists value their “gut” or firsthand experience as their best source of knowledge and see themselves as “conduits through which truth emerges” (p. 69). The researchers note that subjectivists are similar to males in Perry’s second stage (relativism) in that they embrace the notion of multiple truths.
4. *Procedural knowledge.* The women of this perspective have a distrust of both knowledge from authority and their own inner authority or “gut.” The perspective of procedural knowledge is characterized by an interest in how you say something rather than what you say. They also have a heightened sense of control. This category is similar to Perry’s relativist stage, where students learn analytic methods that authorities sanction, except that it emerges differently in women because they don’t affiliate with authorities.
5. *Constructed knowledge.* The hallmark of constructed knowers is an integration of the subjective and procedural ways of knowing (types 3 and 4). Women of this perspective note that “all knowledge is constructed and the knower is an intimate part of the known” (p. 137). They feel responsible for examining and questioning systems of constructing knowledge. Their thinking is characterized by a high tolerance of ambiguity and internal contradiction. Indeed, the women whose ways of knowing were of this perspective often balance many commitments and relationships, as well as ideas.

Perry’s original research dealt only with male subjects, and the research of Belenky and her associates was only with females. Alishio and Maitland-Shilling (1984) have focused on gender differences in ethical/intellectual growth as it related to sexual identity and interpersonal relations. In their study, 31 females and 29 males were interviewed using Perry’s method, in the four content areas of occupational choice, interpersonal relationships, sexual identity, and religion and ego development.

Results of the study indicate that the two genders differ in the ways they form their personalities in late adolescence. Males focus on occupational issues while females are primarily concerned with interpersonal issues. The two genders were seen to differ in their approach to interpersonal relationships. Men approach relationship development as a dimension of achievement and autonomy, while women center upon issues of sexuality, trust, and intimacy. The process is more complementary for females than for males. The results from this study seem to support Gilligan’s (1982) view that developmental theory is deficient in its explanation of personality and identity formation in women.

The capacity to introspect, to examine one’s thoughts and feelings and reason about them, which begins during adolescence, leads many young people to questions of a spiritual nature (Elkind, 1980). Just as with moral development, a person’s spiritual growth is greatly affected by cognitive changes. In the next section, we examine the spiritual side of adolescent life.



The work of Piaget, Kohlberg, Gilligan, Rest, Selman, Perry, and Belenky and her associates has greatly advanced our knowledge of intellectual and moral development in the late adolescent and early adult years. It has also produced much controversy. Many questions remain to be answered. For example, does socioeconomic level make any difference? What about cultural background? Is gender very important in some cultures, and unimportant in others? Is morality really only a matter of cognitive growth (those who behave well do so because they think well)? What do you think?

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### SPIRITUALITY AND THE DEVELOPMENT OF FAITH

*There is but one true philosophical problem, and this is suicide: Judging whether life is or is not worth living amounts to answering the fundamental question of philosophy.*

Albert Camus, *The Myth of Sisyphus*, 1955

Spirituality is concerned with the meaning of life—whether life is worth living and why it is worth living. The attempt to better understand the reasons for living may include striving to know the intentions of a Supreme Being. It may include reading inspired books such as the Bible, or trying to discern the purposes and goals of some universal life force by studying such subjects as the history of biological changes in species. Spirituality includes all of our efforts to gain insight into the underlying and overriding forces of life. For many, it is the only justification for morality (Dacey & Travers, 1991).

In a recent investigation, Baker (1989) asked teenagers on five continents what was important to them. He found *the search for a deeper understanding of the meaning of life* strong in many of the young people he interviewed. This was especially common in highly industrialized countries:

*Buffeted by dread and joy, urged by parent, teacher and priest to make the “right” choices and thus enjoy to the full a rare, once-only gift, inundated by potent images of many, often incompatible “lifestyles”: the young may indeed be seen at the very deepest level as impelled to find a faith, a point of rest and defense, a touchstone by which they can accept or reject, love or hate, act or not act. They yearn to belong, to join with their peers in some high enterprise, and thus to release the extraordinary passion and energy youth commands—or had better command, lest it turn erratic and self-destructive (p. 13).*

Berman (1990) found that some young people are immersed in the desire to acquire the trappings of wealth, or live only for the sensation of the moment. Others, however, speak of the importance of spirituality in their lives. One girl who is committed to an

Eastern religion called Siddha Yoga stated, "If I hadn't discovered this religion, I would be dead . . . I was suicidal for, like, years" (p. 197). A young man who had given up drugs and become a Christian spoke of the sharp division of life-styles he observed around him:

*There's no middle-of-the-road around here, there's no sitting on the fence. You're either living for your money, surfing, sexual pleasure, how many girls or how many guys you can score, or you're living a moral life that has meaning and substance to it . . . there's lots of Christians and lots of people that are just the opposite and very little in-between (p. 204).*

## Religious Belief and Participation

Religious belief and participation may be one dimension of spirituality, but as Parks (1986) points out, faith is more than just belief in religious doctrines. Faith is an activity which seeks and composes meaning from all of one's experience. As such, it is a vital activity of adolescents and young adults. As Vitz (1977) observed, faith in the humanistic psychology and therapies of the 1960s and 1970s, served for many as a substitute religion. Today, however, therapeutic practitioners themselves are realizing that there are some problems beyond the scope of mental health professionals. Many are themselves once more recognizing the value of religion (Butler, 1991).

One thing therapists cannot provide is the sense of community and commitment to something greater that many adolescents and adults find in church membership. Some teens gain a sense of community belongingness and support as well as spiritual values through participation in church. For those troubled youths who suffer from addiction, or from living with an addicted family member, there is help from membership in the 12-step recovery groups such as Alcoholics Anonymous, Narcotics Anonymous, and Alateen.

For some, the inspiration gained from the example set by an admired person, present or historic, serves as a model for their own growth in spiritual values. Many of today's young people state that they have no such "heroes" to inspire them, but others have a devotion to popular music stars that approaches religious proportions (Baker, 1989). Navone (1990) argues that whether or not we are conscious of it, we all do have heroes who shape our values, and it is very important that we learn to choose those who are worthy.

## Theories of Spirituality

Early in this century, Freud dismissed the importance of the spiritual dimension of human life, and taught that religions were no more than mass delusions (Wulff, 1991). It was in part because of a strong disagreement about the existence and value of the spiritual that Carl Jung, a favorite student and colleague of Freud's, broke permanently with him. Jung went on to study many religions and devised an explanation of spirituality which emphasized its development only in the second half of life.



Religious ceremonies, such as the bar mitzvah taking place here, help to provide adolescents with a sense of community and commitment to something greater than themselves.

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- *Jung's theory of spirituality.* According to Jung, life has two major parts. In the first half of life, a person develops individuality through thinking, feeling, sensing, and intuiting. By the age of 35, we have become truly individual, and are quite different from one another. The second half of life has a goal opposite from the first half. We now move away from separateness, and toward a new wholeness. In the process, introspection marks the beginning of adult spirituality.
- *Frankl's theory of spirituality.* Viktor Frankl first began to realize the importance of his spiritual nature during World War II, when he was imprisoned in a concentration camp. He managed to stay alive in the camp for six years, even though he knew his entire family had been murdered by the Nazis. In 1978, he reaffirmed his belief in the human need for meaning beyond selfish interests and materialism (Frankl, 1978). Frankl believes that all humans are born with an "unconscious religiousness," as well as a basic conscience (Wulff, 1991).

Frankl's theory of spiritual development (1970) describes three interdependent stages. In each stage there is a predominant dimension.

1. The first stage is the *somatic* (physical) dimension. Its dimension is directed toward keeping the individual and the species alive, through eating, drinking, staying warm, etc. This dimension exists at birth and continues throughout life.

## INDIVIDUALIZING INSTRUCTION IN FAITH

Adolescence is a very important time for spiritual development. For example, there are many Protestant and Catholic teens preparing to make their confirmation, and many Jewish boys and girls are getting ready for their bar or bas mitzvah. A growing number of the religious education programs that prepare these youth are taking the ideas of James Fowler into consideration as they design their programs.

It is unlikely, however, that many of these programs consider the spiritual developmental stage of the youth. If you are teaching in any of these programs, you would be wise to question your students along the lines of Fowler's stages. In this way, you can ascertain the spiritual level they have reached. Then you will be better able to individualize your instruction, depending on the level of students with whom you are working. Most likely you will have to make a decision about which of your students have reached stage 4. If they have not, it would be unwise to try to use symbolism in your lessons because they will be incapable of understanding poetic-conventional faith. Thus, Fowler's stages fit well Piaget's concept of formal operations, which are required for symbolic thinking to occur.

2. The *psychological* dimension begins to form at birth and by early adulthood is fully developed. This dimension includes instincts, drives, and needs to interact with the environment.
3. The *noëtic* dimension has its roots in childhood but develops primarily in late adolescence. It is spiritual not only in the religious sense, but also in its search for the meaningfulness of life. Frankl sees the freedom to make choices as uniquely human, and as the basis of responsibility. Reason and conscience are also based in the noëtic dimension.

Frankl believes that development in the somatic and psychological dimensions is a result of the sum of different influences that shape an individual. In contrast, the noëtic is *more than the sum of its parts*. It makes adults responsible for inventing and reinventing themselves, despite any failure of parents or upbringing. Here in the noëtic dimension, a person can overcome early training, and come to a higher level of spiritual thought and moral behavior (Dacey & Travers, 1991).

- *Fowler's theory of faith.* James Fowler, a theologian and professor of human development, builds on the work of Piaget, Erikson, Kohlberg, Perry, Gilligan, and Levinson. He believes that spirituality and faith can develop only within the scope of intellectual and emotional growth the individual has attained. He has described faith as developing in six stages (Fowler, 1984), and has recently added a seventh, the stage of



primal faith, at the very beginning of human life (Fowler, 1991a). A person must have reached a minimum age before having the ability to go from one stage to the next. Many people never reach Fowler's two highest levels. Fowler's seven stages are:

1. *Primal faith*, which begins even before birth, consists of trust in the parents and other very early relationships.
2. *Intuitive-projective faith*, which emerges in early childhood as the child acquires language. Very young children focus on the surface quality of religion, and view religion as magic.
3. *Mythical-literal faith* develops at a minimal age of 5 or 6. The source of faith during this stage is verification of facts, but the facts come from authorities such as parents or teachers. During this stage, for example, the story of Adam and Eve is taken literally.
4. *Poetic-conventional faith* requires an age of 12 or 13. It is characterized by an awareness of symbolism and more than one way of knowing the truth. Fact and authority remain important, but young people at this stage are more selective about which authorities they consider valid.
5. *Individuating-reflective faith* can begin as early as 18 or 19 years of age. Here a synthesis of beliefs, and individual responsibility for those beliefs, appears. At this stage, personal experiences play a major part in one's faith.
6. *Conjunctive faith* (called *paradoxical-consolidation faith* in Fowler's earlier writings) is characterized by an integration of symbols, rituals, and beliefs. This stage can begin as early as 30 years of age. At this age one can understand that other people might have different but equally valid ways of approaching such complex questions as the supernatural. The individual at this stage considers humans as members of the same universal community and values the kinship of all.
7. *Universalizing faith*, Fowler's highest stage, requires an age of at least 40. According to Fowler, this stage, like Kohlberg's final stage of moral development, is rarely reached. Those who do attain this stage do more than recognize the mutuality of existence—they also act on it. At this stage, a person is beyond the need of others' approval for their actions (Dacey & Travers, 1991; Fowler, 1986; 1991a; 1991b).

In contrast to Jung's belief that spirituality could develop only in the second half of life, both Frankl and Fowler observe spiritual needs at all age levels. According to Fowler's theory, adolescents may have a poetic-conventional faith by as early as age 12, and begin developing the synthesis and sense of personal responsibility for their own guiding beliefs well before they are 20.

The involvement of many young people in religious cults from the 1970s to the present (Mosatche, 1983; Work, 1989) confirms that the search for deeper meaning in life is often found among adolescents. Shelton (1983) states that although adolescents often find their relationship with the institutional church difficult, they "overwhelmingly express religious needs and find personal value in religious commitment" (p. 6).

Adolescence is a particularly sensitive period for either the development of religious faith, or disengagement from the religion practiced by the family. The growing ability to think abstractly often prompts the young to reconsider beliefs that they had accepted easily



Some teens, such as these Hari Krishnas, look to religious cults to provide them with a deeper sense of the meaning of life.

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at an earlier age. Social relationships with both peers and parents may also play a part. Ozorak (1989) questioned 390 adolescents about their religious beliefs and practices. The group included 176 boys and 214 girls who were Christian, Jewish, or non-religious. She found that those who were emotionally close to their families and belonged to a religion with a strong group identity were least likely to have made a religious change. Those who did not practice the same religion as either parent reported stronger connectedness to their peers.

Willits and Crider (1989) report on an eleven-year follow-up of 331 students who were part of a group of 1,100 questioned about their religious participation and belief as high school sophomores in 1977. The question asked by this study was whether or not those who had stayed in the faith of their upbringing through adolescence retained this commitment in adulthood. Like those in Ozorak's group, these adolescents were likely to have close emotional ties to their parents. By the time of the second survey, when the participants were in their mid-twenties, the church attendance of either parent was no longer related to their own religiosity. However, the religious involvement of their spouses was now an important element in the choice of church commitment.

Both of these studies, and others we have looked at in this chapter, suggest that with or without membership in an organized religious body, young people do have a strong need for making meaning in their lives.

## CONCLUSIONS

The research on moral development began in a restricted way: it sought only to explain moral judgment—how we *think about* morality. Piaget and Kohlberg relied on physical games like marbles and intellectual games like solving moral dilemmas. Those psychologists who have followed have attempted to use more realistic approaches to the study of moral thought, and have tried to understand actual moral behavior based on moral thinking.

The close relationship of morality to cognitive development is clear in the early research. William Perry's three stages of intellectual/ethical development and the five perspectives found in "Women's Ways of Knowing" make this relationship even clearer. We have also seen the important role cognition plays in the development of spirituality and faith.

You can see in this chapter how extensive the research on morality and spirituality has been, no less with teens than with other age groups. This makes it clear that these traits are considered a very important aspect of adolescent development. Although the studies indicate that most teens take this part of their lives seriously, you will find considerable evidence later in this book (especially in Chapters 9, 11, 12, and 13) that we adults could be helping them much more than we are. Anyone who wishes to help religious, educational and other community leaders to improve the situation should pay close attention to the ongoing research on morality and spirituality.

Thus far in this book, we have examined physical, cognitive, moral, and spiritual growth. In the next chapter we look at one more trait that emphasizes internal development: the self and identity formation.

## CHAPTER HIGHLIGHTS

### The Scientific Study of Moral Judgment—Piaget

- Piaget studied the development of morality by observing Swiss children playing the game of marbles.
- He suggested that we can look at the development of morality in two ways: the way children actually practice the rules, and the degree of their awareness of those rules.

### Levels and Stages of Moral Reasoning

- Kohlberg completed numerous studies of the development of moral reasoning, most of which involved teenage boys.
- He suggested that there are three levels of moral reasoning: preconventional, conventional, and postconventional. Each of his levels is divided into two stages.
- One of Kohlberg's major contributions is his conclusion that morality develops largely in the same way that cognition develops.

### Moral Development and Gender—Gilligan

- Gilligan has suggested that female morality matures in a different way from that of male morality.
- Females, she believes, are more concerned with interpersonal relationships than they are with abstractions like Kohlberg's principle of justice.
- Thus she sees female morality developing in three phases: self-interest, self-sacrifice, and a concern for nonviolence.



## Moral Components—Rest

- Rest has offered the view that moral decisions consist of four moral components.

## Social Cognition

- The science of social cognition deals with the means by which we make sense of other people, and with the ways we decide how to interact with them.

## Perspective Taking—Selman

- Our interactions with others are influenced, as Selman points out, by the person's perspective-taking ability.

## Intellectual/Ethical Development—Perry

- Perry also sees morality largely as the development of intellectual traits.
- According to Perry, these traits mature from dualism through relativity to commitment.

## “Women’s Ways of Knowing”

- The Belenky group found that female development involves five “ways of knowing.”

## Spirituality and the Development of Faith

- Several investigations have concluded that a religious and spiritual life are of great importance to most adolescents.
- Three theorists offer useful conceptions of how spirituality and faith mature. Carl Jung divides our spiritual life into two main components, whereas Viktor Frankl finds there are three.
- Closely related is the development of faith, which James Fowler separates into seven stages.

## KEY TERMS

Codification 133

Commitment 151

Conventional level 136

Dualism 151

Escape 152

Moral components 144

Perspective taking 149

Postconventional level 136

Preconventional level 136

Principle of caring 141

Principle of justice 140

Relativism 151

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Social cognition 144

Social norms 144

Temporizing 152

## WHAT DO YOU THINK?

1. What is the most important aspect of moral development?
2. Which of Piaget's stages of moral development did you find to be most interesting? Why?
3. Which of Kohlberg's stages of moral development did you find to be most interesting? Why?
4. Which of Gilligan's stages of moral development characterizes most of your friends? Why do you think so?
5. In what ways is male morality different from female morality?
6. What would you expect would be some of the problems in trying to teach morality?
7. Do you believe that it is important to have religious beliefs? Spiritual beliefs? Why?



## SUGGESTED READINGS

- Baldwin, J. (1965). *Going to meet the man*. New York: Dial Press. This is Baldwin's first collection of stories, which are filled with moral dilemmas that involve racial relations. It is easy to read and hard to forget.
- Bradbury, R. (1962). *Something wicked this way comes*. New York: Knopf. Describes two boys and works as allegory, as fantasy, and as suspense story. The boys' growth in awareness as they learn of time, death, and good and evil, is sensitively shown.
- Dreisler, T. (1964). *An American tragedy*. New York: Signet Classics. This fast-paced tale of youthful love and lust presents a wide spectrum of moral dilemmas. It follows one moral decision to its horrible ending.
- Frankl, V. (1970). *Man's search for meaning*. New York: Simon and Schuster. A powerful book dealing with the fundamental issues of the meaningfulness of life.
- Haley, A. (1976). *Roots*. New York: Doubleday. Allows the reader to really feel what it must have been like to be enslaved. Demonstrates the vital role religion and spirituality can have, even when existence is almost impossible.
- Power, F. C., Higgins, A., & Kohlberg, L. (1989). *Lawrence Kohlberg's approach to moral reasoning*. New York: Columbia University Press. A collection of articles looking retrospectively at models of moral education using Kohlberg's theory of moral development.
- Shakespeare, W. *The merchant of Venice*. This classic play outlines the underlying subtleties of justice and the difference between concrete and abstract principles of right and wrong, good and evil.

# c h a p t e r

# 6

*The Chinese . . . are reported to have a way of writing the word “crisis” by two characters, one of which signifies “danger,” and the other “opportunity.”*

*Louis Wirth*

## THE SELF AND IDENTITY FORMATION

How Cognitive Changes in Early and Late  
Adolescence Affect Self-Concept  
Individuation, Interdependence, and the  
Development of the Self

*“Self-in-Relation”*

The Self and Social Learning Theory  
Self-Concept and Self-Esteem

*Social Factors That Affect Self-Esteem*

*Developmental Changes in Self-Esteem*

*Gender and Self-Esteem*

*Race and Self-Esteem*

Self-Concept and Social Competence

Erikson's Conceptual Self—The Identity

*The Search for Identity*

*The Measurement of EMI*

*Negative Identity*

*Identity Status*

*Identity and Cultural Diversity*

*The Development of Cultural Identity*

*Stages of Cultural Identity Development*

Sexual Identity and Gender Roles

*The Psychological Significance of*

*Gender Roles*

*The Ideal Adolescent*

*Conclusions*

*Chapter Highlights*

*Key Terms*

*What Do You Think?*

*Assignment Questions*

The self has been of major interest to psychologists, especially those interested in adolescents, for many decades. William James (1890–1950) presented a model of the self, which remains useful in understanding the links between the development of self-concept and personal identity. According to James, self-understanding consists of a person's beliefs, attitudes, and thoughts about the self. Some of these thoughts and beliefs are descriptions about one's physical, social, and psychological qualities (e.g., what I look like, what I am good at and how I feel). James refers to these as the “me.” In this chapter, we will be discussing “me” characteristics as we talk about **self-concept**. Other thoughts and beliefs about the self are referred to by James as the “I.” These are beliefs about how one changes over time yet remains the same individual, how one is different from others, and how one is able to act independently. This set of beliefs is important to the development of personal identity. The development of a clear, realistic, and integrated self-concept lays the basis for identity development. In addition to self-understanding, James recognized self-evaluation or **self-esteem** as an important dimension of the self. According to James, self-esteem is related to the evaluation of one's success in meeting set goals. **Cultural identity, sexual identity, and gender roles** are also important to the adolescent's self-definition and self-evaluation. In this chapter, we will be looking at the development of self-concept, self-esteem, gender role, and personal, cultural, and sexual identity during adolescence.

When you finish this chapter, you will be able to:

- Explain how the cognitive changes which take place during adolescence affect the development of self-concept. *concept of self*
- Describe, according to psychoanalytic theory, how individuation contributes to the development of the self during adolescence.
- Describe, according to self-in-relation theory, how interpersonal relationships are important to the self during adolescence.
- Describe the development of self according to social learning theory.
- Identify two social factors associated with the development of self-esteem.
- Provide several explanations for the differences found in self-esteem levels of adolescent girls and boys.
- Explain the relationship between self-concept and social competence during adolescence.
- Describe, according to Erikson's model, how identity is achieved during adolescence.
- List the stages involved in the development of cultural identity.
- Define three aspects of gender role.
- Demonstrate awareness of androgyny and how it influences adolescent behavior.

Many psychologists view the self as the foundation of mental health. According to Carl Rogers (1961), for example, people feel good about themselves when their view of themselves fits well with the feedback they get from those around them. Psychological difficulties develop when parents, teachers, siblings, and friends are unwilling to accept a

person the way he or she is. Rogers went so far as to argue that “unconditional positive regard,” which means total acceptance of the child as a person, is necessary to the development of a psychologically healthy self.

Early experiences with caregivers are critical to the development of the self, according to many theorists (Beck, 1976; Bowlby, 1988; Kohut, 1977; Mahler, Pine, & Bergman, 1975; Rogers, 1961). A lack of support and nurturance from parents and other caretakers usually results in an unhealthy **self-concept**. In a warm and caring home, children are likely to develop positive feelings of self-worth and self-acceptance. While these theorists help us to understand early influences on self-concept development, they do not help us to understand how the self-concept changes during adolescence. For that understanding, it is helpful to consider the many changes that take place during adolescence.

The adolescent period involves physical, cognitive, and social change. The body looks and feels different. The person thinks differently, judges right or wrong differently, and engages in different types of social relationships. Identity gives adolescents an integrated blueprint of what they will do with their bodies, their minds, and their relationships. Identity involves exploration (a loosening of parental control) and commitment (self-defined and integrated). Independence need not be the only end product; interdependence and connection have an important part in maturity for both men and women. Let us begin with a look at the impact of cognitive changes on the self.

## HOW COGNITIVE CHANGES IN EARLY AND LATE ADOLESCENCE AFFECT SELF-CONCEPT

The adolescent's self-concept changes in many ways throughout the adolescent years. That is, the way in which an individual describes “Who I am” at 12 will be very different from his self-description at 19. The changes that take place in self-concept during those years are due in large part to the cognitive changes that are also taking place. Growth in abstract and hypothetical thinking, as described by Piaget (see Chapter 4), affect the way in which adolescents describe themselves. According to Selman (1980), abstract thinking contributes to developments in perspective taking (or the ability to understand a situation from another person's point of view). Perspective taking enhances self-understanding, because the adolescent can step outside of an immediate situation and look at himself as others would.

Some psychologists believe that adolescents' self-concepts are frequently troubled (see Chapter 11). Rosenberg (1985), for example, argues that adolescents are more likely than younger or older persons to develop an unhealthy self-concept. Offer and associates (1981), on the other hand, provide evidence that most adolescents are happy and have positive self-concepts. Harter (1990) believes that the more advanced reasoning skills of the adolescent influence self-concept in both positive and negative ways.

For some adolescents, at least, changes in the way they think about themselves contributes to occasional emotional problems, such as depression and anxiety. Harter (1990) described four changes in self-concept during adolescence and their emotional “risks.”



## WHAT'S YOUR VIEW?

Take a moment, if you will, and picture in your mind three of your closest friends, people with whom you have grown up (if your siblings are close friends, by all means include them). In your mind, imagine a little movie of each one as they were at 8 and 14 years old, and as they are today.

At which of these times were they most happy? Can you see any pattern? Was there an age at which all liked themselves best? Try this exercise on yourself. Do you fit the pattern? Is adolescence a better or worse time for the self-concept? What's your opinion?

- A person's self-concept becomes more *abstract* during adolescence. This increase in abstract thinking is what Piaget described as formal operational thought. Early adolescents are likely to answer the question of "Who am I?" with concrete descriptions of the self. They describe physical characteristics, such as being tall or short; simple feelings, such as being happy; or group membership, such as being a girl, a son, or a student. These characteristics can often be seen or touched and are easily tested. That is, by simply looking in the mirror I can check whether I am tall or short.

Older adolescents are more likely to describe internal characteristics of the self, such as emotions, wishes, and motivations. Instead of simply looking in the mirror to see if they are tall or short, older adolescents look inward to explore complex feelings, such as embarrassment or depression. Internal descriptions are more difficult to test than external ones. By looking in the mirror, you cannot know whether you are really kind or brave or considerate. This can lead to a serious problem: some adolescents are able to accurately describe their inner selves, but others develop unrealistic self-concepts.

- The self-concept becomes more *differentiated* as the person enters adolescence. That is, early adolescents describe themselves as having a greater number of social roles than younger children. Harter (1990) found that most adolescents describe themselves in eight different roles. These include student, worker, athlete, close friend, and roles involving their general social relationships, romantic relationships, physical attractiveness, and conduct/citizenship.

In addition, adolescents begin to view themselves differently in each role. Who they are with their parents may be very different than who they are with a girlfriend or boyfriend or best friend. The problem this can present for some adolescents is determining which of these selves is the "real me." Harter (1990) suggests that those in middle adolescence (ages 14 to 15) are most troubled by conflicting views of the self. Cognitively, they have the ability to recognize that they are behaving differently

## WHO ARE YOU?

If adolescents typically have a hard time knowing who they are, what can be done to help them? Well, one simple rule to follow is: most people get better with practice. Whether you are a teacher, a counselor, a parent, or just a friend, you can help provide a teen with practice at getting to know herself or himself by asking, in any number of ways, "Who are you?"

Here are a few sample questions you might ask in the course of a discussion or counseling session, or give as a written assignment:

- "What makes you happier than anything else?"
- "If you could be anyone other than yourself, who would you be? Why?"
- "Imagine yourself 10 years from now. Tell me what you are like."
- "If you'll tell me a secret about yourself, I'll tell you one about myself."
- "Imagine you are standing in a room near an open door, and out in the hall some acquaintances of yours are talking about you. They do not know you can hear them. One says, 'Ya know, I really like [your name], because she . . .'. What do you think this person would probably say? Now someone says, 'Maybe you're right, but the one thing I can't stand about [your name] is . . .'. What do you think this person would probably say?"

We especially like this last method, because it allows the young person to speak of a really good and a really bad aspect of their self-concept, without having to take credit or blame for it. This often frees people to speak more honestly, because they can believe it is not them who is speaking. Psychologists refer to this as a projective technique, because the self is being "projected onto someone else."

with different people. They do not yet understand why, and this worries them. The more advanced cognitive skills of late adolescents help them to realize that to some extent, it is normal to behave differently with different people.

- An ideal or imagined self-concept develops during adolescence. The **ideal self** is the self that one would like to be. The development of the ideal self is made possible by hypothetical thinking, which is another characteristic of formal operations (see Chapter 4).

Difficulty can arise for adolescents if a large difference exists between the actual self and the ideal self. When you view yourself as being very different from the way you would like to be, you are more likely to be unhappy, disappointed, and even depressed. Adolescents' self-concepts are likely to change frequently as their ideal and actual views of themselves change. The difference between the ideal and actual self is



The self-concept becomes more differentiated as the adolescent becomes involved in a variety of social roles and views herself somewhat differently in each of these roles. Some adolescents wonder, “Which is the real me?”

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believed to be greatest in mid-adolescence, probably because the ideal self is often so inflated in some teens. As adolescence ends, most of us start a career or a family, both of which have a way of reducing an overblown ego down to more realistic proportions.

Although most psychologists believe that a large difference between the real and ideal self is to be avoided, Markus and Nurius (1986) argue that the development of the ideal self can also be helpful. The ideal self can give you direction and motivation to work towards the person you would like to be.

- The adolescent becomes more *introspective* or inward-looking. In contrast with the unquestioning self-acceptance of childhood, the adolescent begins to ask, “Who am I, really?” “Piaget’s stage of formal operations is necessary for **introspection** (thinking about what is going on in one’s own mind). Sometimes adolescents become very concerned with how they appear to others. They may become unable to tell the difference



between their own thoughts and what others are thinking about them. They may feel that "everyone is looking at me." Adolescents sometimes also view themselves as extremely different from everyone else. They do not believe that anyone can understand them because their problems are so different, and complain that their parents will never understand them.

## INDIVIDUATION, INTERDEPENDENCE, AND THE DEVELOPMENT OF THE SELF

According to traditional psychoanalytic theory (Blos, 1979) (see also Chapter 2), the self develops through a series of separations. In the beginning, the newborn has no concept of being a separate self from his parents. Separation, however, is necessary to the development of the self. The first separation process, called **individuation**, takes place in early childhood. This is the time at which the young child comes to realize, through all the things that happen to him, that he is separate and different from his parents.

Blos (1979) believes there is also a **second individuation**, which takes place in adolescence. Through this second individuation, the individual grows from a dependent child to an independent adult. In time, the adolescent develops a clearer picture of herself, as separate and different from her parents. To do this, the adolescent must distance herself emotionally from her parents. Parents must no longer be viewed as having all the answers. The adolescent should no longer feel that she has to do what her parents say. Adolescents will question and may reject their parents' ideas and values.

This can make the adolescent feel anxious, angry, and guilty at times. According to Blos, a stable and independent sense of self develops by late adolescence. This happens after the adolescent has developed firm boundaries and positive feelings about being separate from his parents and others. At last, he begins to be at peace with himself.

Lapsley and Rice (1988) also view adolescence as a second individuation period. Using James' (1890–1950) distinction between the self as "I" and "me" (described in the introduction to this chapter), Lapsley and Rice (1988) describe early adolescence as important to the development of the "I." Younger adolescents are most concerned with their ability to act and think as independent persons, experiencing feelings of uniqueness and power. The imaginary audience and personal fable (Elkind, 1981), described in Chapter 4, are characteristic of this period. Feelings of uniqueness and unrealistic power diminish by late adolescence. According to Lapsley and Rice, the changes that occur in the adolescent's sense of self are related to psychodynamic processes and cognitive advances in self-understanding. From a psychodynamic perspective, the self-centeredness of the younger adolescent is a way of coping with feelings of anxiety that occur as the adolescent gains independence from parents. Adolescents need to feel powerful in order to feel secure without parental support. They develop a rich fantasy life of personal relationships to make up for the loss of parental closeness and to prepare for intimate relationships with peers. Cognitively, younger adolescents have a new awareness of their ability to control their own thoughts and feelings and are able to think about their own thinking, contributing to feelings of power and uniqueness. The older adolescent has gained a



greater awareness of the perspective of others and is consequently less self-centered. As cognitive development proceeds, an awareness of the power and limitations of one's thinking processes increases.

According to Lapsley and Rice (1988), parents, siblings, and peers need to be emotionally supportive of adolescents during the process of individuation. Parents need to be not only sensitive and understanding, but also provide the adolescent with opportunities to develop independence. Such opportunities should provide a "gentle push" or offer enough challenge to promote independence, but not be so difficult that self-esteem will suffer.

The goal of individuation is the development of the self as an independent person. This view has been questioned in recent years. Some social scientists do not believe that this model fits the development of women and people living in other cultures. Interdependence rather than independence is important to the lives of many adults. People depend upon one another for help, and define themselves as members of a group, such as a family, a church, or a community. Connection with other people helps, rather than interferes with, the development of the self. Nobles (1976) points out that African tradition, unlike the traditions of Europe and America, places little importance on individuality. Cooperation, interdependence, and group responsibility have been the central values of African traditions and have thus been important to the self-concepts of African peoples, as well as African-Americans.

The sense of self as internal, individual, and set apart from others, from society, and from nature is not shared by many cultures. In fact, they would consider it bizarre. In present-day Morocco, an adolescent does not exhibit the level of rebellion or conflict many Americans assume is normal for this age. "One reason is the hierarchical nature of Moroccan society, fostering the great respect shown to the aged. Another is the importance of the family unit rather than the individual. Zawiya youth generally do what is best for the family rather than what is best for themselves as individuals; this eliminates many of the sources of conflict . . ." (Davis & Davis, 1989).

Josselson (1988) states that most adolescents, but especially adolescent girls, develop a sense of self through their relationships with other people. Josselson explains that although the adolescent may choose to do things differently than her parents, her parents are still quite important to her. In fact, she probably continues to care a lot about whether her parents accept her changing self.

Josselson believes that adolescent anxiety may result from fear that important relationships will be lost as the adolescent changes. If the sense of self is based on the ability to make and keep relationships, a loss of friendship can feel like a part of the self has been lost. As late adolescents develop new relationships, they do not throw away old ones. Instead, they bring new friends home. Josselson believes that the new sense of self must develop through a mixing of old and new relationships.

Josselson's views are consistent with the position taken by Carol Gilligan and her colleagues (1988; 1990) (see Chapter 5 and the discussion of identity development later in this chapter). Gilligan, like Josselson, believes that relationships are important to the sense of self. When Gilligan and her research team asked adolescent girls to describe

## SELF-IN-RELATION THERAPY

Traditional psychotherapists believe that independence is quite important. They would tend to treat a depressed client by encouraging her to end unfulfilling relationships, become less dependent and find fulfillment elsewhere. A therapist who follows the self-in-relation model, on the other hand, would tend to emphasize the positive aspects of the relationship. The therapist would also help the client to find ways of doing things for herself and increasing her happiness, without ending her relationships.

The therapist might help the client explore her personal and family history to find out why she feels she must sacrifice her own needs and to change her belief that attending to herself is wrong. As part of this process, the client might keep a record of when and how often she does things for herself and others. She might keep a list of the activities which give her feelings of accomplishment. This would help her to become more aware of how much energy she invests in taking care of others and how much satisfaction she gets from doing things for herself. The goal of self-in-relation therapy is to develop interdependent relationships through which the needs of all participants can be satisfied equally (Enns, 1991).

themselves, they presented themselves as involved in relationships with other people, and not as isolated individuals. While relationships with others were most important to their self-descriptions, the girls were also interested in how they were distinct from others (Stern, 1990). These adolescent girls appeared to be defining a sense of self, while remaining connected with others.

### “Self-in-Relation”

Jean Baker Miller and her colleagues at the Stone Center at Wellesley College (Kaplan & Klein, 1985; Miller, 1976) agree with Josselson and Gilligan. They have developed a theory, which they call **self-in-relation**, which states that a clear understanding of our relationships with others is most important in the definition of the self, especially for women. Women ask themselves not just “Who am I?,” but “Who am I in relation to others? Where am I going and how will that affect others? How am I going to get there and how will my getting there affect other important people in my life?”

According to this theory, the development of independence and self-esteem takes place within relationships in which all individuals are encouraged to adapt and change. This is what we meant above by “interdependence.” Not all relationships are healthy, however. Often women ( and less often, men) sacrifice their sense of self for others. They disregard their own needs and focus all their energy and efforts in pleasing and taking care of others. When that happens, they are likely to lose self-esteem and feel depressed.

## THE SELF AND SOCIAL LEARNING THEORY

Social learning theorists such as Albert Bandura, who was introduced to you in Chapter 2, view the self as developing in a different way. They hold that the self is based mainly on the *expectations* a person believes that others have for him, and whether those expectations are reasonable. Whether a person thinks he can succeed, and whether he thinks other people think he will succeed, have a powerful influence on the self. **Self-efficacy** is the name Bandura gives to our self-expectations or beliefs about what we can accomplish as a result of our efforts.

These beliefs influence how a person behaves. If you believe you will be successful, you will try harder. This helps you to succeed. In turn you are more self-confident. Other people also see you as successful, and will expect you to succeed. As a result, they might spend more time teaching you new things and helping you to succeed further. Similarly, if you believe that people will like you, you will approach them more positively. They in turn will respond to you positively. This reinforces your view of yourself. Because self-efficacy influences what a person will attempt and how well she will actually perform, developing a strong and positive sense of self-efficacy is very important.

People who are depressed don't believe they will do anything right. They believe that people will not like them. Their behavior results in failure, which in turn reinforces their beliefs.

According to Bandura (1978), an individual's view of himself is learned. It develops from the way you have been treated by others, your successes and failures, and your view of those experiences. The self develops the same way in adolescence as it does during early childhood. By adolescence, however, it is more difficult to change the way you think about yourself. You have had many experiences which have taught you that you are either good or bad. Each of those experiences has made your view of yourself more rigid. This view affects future behavior and the reactions of other people. Bandura calls this process through which beliefs, behavior, and environment affect one another **reciprocal determinism**.

## SELF-CONCEPT AND SELF-ESTEEM

While self-concept answers the question "Who am I?," self-esteem answers the question "Do I *like* the person I am?" Self-esteem is part of the self-concept. A well-defined self-concept leads to high self-esteem, which in turn often leads to successful behavior (Rosenberg, 1985). Persons with high self-esteem like and accept themselves. They do not feel that they are perfect or better than other people; rather they are aware of their limitations and work toward correcting them. Self-esteem is not the same thing as conceit. People with high self-esteem are generally well-liked.

Research indicates that self-esteem is important to adolescent motivation toward success, achievement, and mental health. People with high self-esteem often do well in school (Bell & Ward, 1980). They feel they are in control of their lives (Rosenberg, 1985). They are likely to view their successes as resulting from their own efforts (as





Doing well in activities one values contributes to positive self-esteem.

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opposed to being lucky or well-liked). Failures are believed to result from bad luck or not trying hard enough. Thus, people with high self-esteem believe that if they work hard, they can succeed.

Adolescents with high self-esteem respond constructively to stress in their lives (see Chapter 11), and have positive ways of solving life's problems. However, increases in life stress can result in loss of self-esteem (Youngs & others, 1990). People who have low self-esteem are more likely to have greater emotional and behavioral disorders, such as anxiety, depression, delinquency, drug abuse, and eating disorders than people with high self-esteem (Rosenberg, 1985).

## Social Factors That Affect Self-Esteem

Harter (1990) and Rosenberg (1979) agree that there are two general factors that influence adolescents' self-esteem:

- Doing well where it matters. The first has to do with whether the adolescent is doing well in areas important to her. High self-esteem results if she is doing well in areas where success is important. On the other hand, low self-esteem does not result if she is doing poorly in areas where success is not important. For example, if appearance and athletics are important to you, you must do well in those areas in order to feel good about yourself. If job success is not important to you, doing poorly on the job will not cause you to feel badly about yourself. Harter's research suggests that physical appearance and being liked by others of the same age are most important to adolescent self-esteem. Doing well in school and athletics and behaving well are rated as least important by the majority of adolescents.



- Earning the esteem of others. The second general factor influencing self-esteem is perception of what others think about us. For this reason, Harter (1990) and others say that the self is a **social construction**. The self is formed by taking on the attitudes of others. Adolescents who feel that their parents, close friends, and classmates like them will also like themselves. Adolescents who feel that they are not liked by important others will not like themselves.

Positive self-esteem develops when parents, teachers, and friends believe in you and expect you to succeed in areas important to you. Among children, parents' attitudes are most important to self-esteem. During adolescence, the opinions of classmates become more important, although parents are still very important. Furthermore, the influence of other people in general on self-esteem also decreases during adolescence. Whereas for early adolescents, self-esteem depends heavily upon the attitudes of others, the older adolescent has developed a firmer sense of his own beliefs and attitudes, and so he is less dependent on the attitudes of others.

Harter and Marold (1989) studied suicidal adolescents and looked at how the two factors described above influenced self-esteem. The suicidal adolescents were not doing well in areas that were important to them or their parents. They felt that they were letting their parents down. Furthermore, they did not feel that their parents or their friends would like or support them if they did not do well. These adolescents did not feel good about themselves, felt hopeless about their futures, and saw suicide as the only way out.

## Developmental Changes in Self-Esteem — (stress)

The quality of self-esteem often changes during adolescence. It often drops at age 11 and reaches a low point between ages 12 and 13. Petersen and associates (1991) and Brooks-Gunn (1991) suggest that many early adolescents experience "simultaneous challenges" which can negatively affect self-esteem. These challenges include social events, such as changing schools, changes in parent-adolescent relationships, and biological changes associated with puberty. Changing schools appears to be related to the decline in self-esteem (Simmons, 1987). Some younger adolescents are asked to make the change to junior high or middle school before they are emotionally ready. The change to a new school also breaks up old and comfortable friendships. New schoolmates may also value different things. For example, if an adolescent who values doing well in school joins a new group of friends who value physical appearance more, he may like himself less.

Physical maturation in early adolescence may also negatively affect self-esteem, especially in girls. Early adolescent girls may not be ready to deal with the new expectations people have of a person who has reached puberty (for example, an increased interest in the opposite sex). When young adolescents change schools, keeping friends who share similar values can be helpful to self-esteem.

While problems in self-esteem are not unusual in early adolescence, the good news is that it gradually improves for most adolescents from grades 7 to 12 and throughout the college years (O'Malley & Bachman, 1983). The increased independence and personal freedom gained during the adolescent years are believed to benefit self-esteem. Petersen and associates (1991) point out, however, that for some the challenges of adolescence are

## PARENTING FOR SELF-ESTEEM

It is clear that parents and other adults influence the self-esteem of adolescents. What specifically can they do to help adolescents feel good about themselves? Reasoner (1983) has given some suggestions. When parents possess high self-esteem, their children are also more likely to feel good about themselves. Parents who show interest in what their children are doing and expect their children to do reasonably well are likely to have children with high self-esteem. When parents are not interested in what their adolescents are doing, the adolescents are not likely to care much either. Adults often focus attention on the shortcomings of adolescents, which can make them feel bad. Parents and teachers should point out to young people the things they are good at. Adolescents need to feel that they make a difference in the lives of other people, especially their parents. Self-esteem will be higher even for teens who feel their parents have negative feelings about them but also feel that their parents are interested and concerned.

Parents also show their interest in their children and provide feelings of security by setting limits. They provide the adolescent with a clear sense of what is acceptable behavior, and make sure that those standards are followed. Giving adolescents responsibilities to fulfill can also give them feelings of importance. Allowing them to plan family activities such as playing games, picnics, or vacations can develop feelings of belonging. Helping them draw a diagram of the family's branches, composing a family history, interviewing the older family members, and visiting grave sites builds a sense of continuity. Finally, adults can help teens in setting and reaching their own goals.

overwhelming and self-esteem continues to decline. It seems that adolescence is a period during which the differences between the best adjusted and the most troubled adolescents increase. For some who experience difficulties prior to adolescence and for others who experience much stress during early adolescence, the entire adolescent period is a time of psychological distress.

## Gender and Self-Esteem - girls

As we pointed out earlier, adolescent girls are likely to experience a greater loss of self-esteem than adolescent boys. A survey by the American Association of University Women (Bailey, 1992) revealed that at age 8, 60 percent of girls say they feel good about themselves. By age 16, only 27 percent report feeling positive about themselves. In comparison, 67 percent of boys reported that they were happy with themselves in elementary school. Almost half (46%) were still happy with themselves during high school. Thus while both boys and girls of high school age reported lower levels of self-satisfaction than elementary school children, the decline in self-satisfaction was much greater for girls. Adolescent girls were also discovered to be less likely than boys to believe they will achieve their career goals.

A number of explanations have been given for adolescent gender differences in self-esteem. A girl may be "exposed from birth onward to the suggestion, whether conveyed brutally or delicately, of her inferiority . . ." (Karen Horney as cited in Symonds, 1991). In addition, "it must be obvious even to a 4- or 5-year-old in some societies, if not all, that men dominate women" (Whiting, 1988). Myra and David Sadker (1991) suggest that many educational practices and teacher behaviors negatively affect the self-esteem and academic achievement of girls. Boys, for example, are often given more attention and instruction by teachers and parents. Boys seem to demand teacher attention by calling out in class more often. While teachers often respond or build upon the boys' comments, girls who call out are more likely to be reminded to raise their hands and follow the rules. Girls often receive praise for the neatness and appearance of their work, while boys receive more praise for the quality of their ideas. It seems that girls are rewarded for silence and passivity. Boys conclude that adults hold males in higher regard. Girls, on the other hand, tend to think that adults assume they cannot achieve at the same level as males.

Carol Gilligan and her associates at Harvard (1990) believe that adolescent girls often lose touch with their true feelings, resulting in loss of self-esteem. They interviewed girls attending a private school in New York state. At age 11, the girls expressed their opinions with much self-confidence. By age 15 and 16, the girls were much less certain and answered many questions by saying, "I don't know." Gilligan and her associates believe that adolescent girls become unwilling to express their real feelings, especially anger or resentment, in order to obtain approval, popularity, and attention at home and at school. During adolescence, girls begin to see that being outspoken is dangerous for women. They learn that they must be quiet, calm, and kind. The societal pressure on adolescent girls to be perfect and please others is believed to contribute to loss of self-esteem and, in some cases, psychological disturbance.

Harter (1990) believes that our society's emphasis on physical attractiveness depletes the self-esteem of adolescent girls. Girls rate physical appearance as more important than do boys, and also are more dissatisfied with their own appearance. Following from her model of "multiple challenges," Petersen and associates (1991) point out that girls often mature earlier than boys and are more likely to experience puberty prior to the transition to middle school. Girls, therefore, are more at-risk because they experience both puberty and school change at the same time.

Instead of focusing on differences in self-esteem between adolescent boys and girls, Brooks-Gunn (1991) has been interested in identifying those girls who are most at-risk for loss of self-esteem and psychological distress during adolescents. Those adolescent girls who experience high levels of conflict in the parent-daughter relationship and are early maturers appear to suffer the greatest losses in self-esteem.

## Race and Self-Esteem

Research on the self-esteem of racial minorities has focused on African-American youth. In an early study, Clark and Clark (1947) found African-American children more interested in playing with white dolls than with dolls of their own color. This was interpreted as evidence of low self-esteem. That finding has since been found to be more a reflection of the racial prejudice of society, and less of the children's feelings about themselves.



Jenkins (1982) explains, as we noted earlier, that the self-concept has many components. A person's self-evaluation may be different for each of those components. Racial self-concept may be affected by the larger society's attitudes towards that race. When African-American children choose white dolls, they may be reflecting those attitudes. This does not mean, however, that they devalue their friends, their sense of being loved by their families, or their own feelings of competence about academic or athletic achievements. Personal self-esteem or feelings of one's worth as a person are influenced more by the attitudes of important persons in one's life, such as family and peers.

Despite the negative attitudes of the larger society towards racial minorities, the African-American family has been able to develop positive feelings of personal self-esteem among their youth. African-American families can help their children separate feelings of personal self-esteem from the negative views of society. Ward (1990) interviewed 51 minority adolescent women who were attending a prestigious private high school. Through her interviews, Ward learned about how some African-American families prepare their youth to survive the prejudices of society. Providing positive feelings and teaching youth how to deal with and understand racism seem to be most important. Ward (1990) explains, ". . . when messages of white society say 'you can't,' the well-functioning black family and community stand ready to counter these messages with those that say, 'You can, we have, we will'" (p. 221).

While personal self-esteem and racial self-concept reflect different aspects of the self, both are important to psychological well-being in adolescence. Recent research suggests that the self-esteem of older adolescents is related to the development of cultural identity (Phinney & Alipuria, 1990) (see discussion of cultural identity later in this chapter). Ward (1990) explains that a stable concept of the self both as an individual and as a group (African-American) member are critical to the healthy growth of self. In recent years, the African-American family and schools have also sought to build feelings of racial pride by helping youth to learn about African-American history and culture, and the achievements of African-Americans.

Recent research indicates that African-American and white American adolescents describe themselves as equally high in self-esteem (Harter, 1990). The AAUW survey (Bailey, 1992) and other research (Gibbs, 1985; Richman & others, 1985), in fact, found that African-American girls have higher self-esteem than white female adolescents, perhaps because the African-American family and community do not expect or reward weakness and silence in young women.

As with white adolescents, the self-concepts of African-American adolescents are influenced by relationships with parents, siblings, friends, and teachers. When African-American adolescents feel liked by their family, friends, and teachers, they are likely to feel good about themselves. For this reason, racially desegregated schools can be difficult for African-American adolescents. Students who are in the majority can make those who are different feel uncomfortable and out of place. During adolescence, when students want to fit in with others around them, having a different skin color makes you stand out. Minority students may also be given few opportunities to be leaders in clubs and school organizations. All adolescents need teachers and peers who help them feel accepted (more on this in Chapter 8). Ward (1990) believes that African-American student





Racial pride is enhanced by learning about one's cultural heritage and contributes to a positive sense of self.

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organizations can provide students with the social support they need to feel good about themselves and to learn about themselves and other African-Americans. Teachers in predominantly white schools need to encourage African-American students in their efforts to achieve while also encouraging them to maintain important sources of support with their families and peers of their own race.

African-American and white adolescents probably value some aspects of the self-concept differently. African-American adolescents generally describe peer relationships and athletic ability as more important than white American adolescents (Epps, 1980; Harter, 1990). For many African-American teens, participation in athletics has offered opportunities for recognition and advancement, when other avenues have been denied. As a result, for some, athletics may have become more important to self-esteem.

## SELF-CONCEPT AND SOCIAL COMPETENCE

Although social competence has been defined in a variety of ways, most simply it is the ability to interact effectively with others. Socially competent people are able to make and keep friends, and accomplish their goals when relating to others. For adolescents, social competence is an important part of self-concept. Among the eight dimensions of adolescent

### RACIAL SELF-CONCEPT

One African-American male recalls, "Much of my junior and high school years were difficult because, on top of the typical problems of this time period, I had to combine the struggle of being Black and having my race always looked down upon; expected to fail, expected to cause trouble, and expected to be unproductive. During this time, I had to fight to maintain my confidence. I did not know who I was . . . I was confused." He went on to describe how he was kicked off the football team for a failing grade, but when his parents spoke to the teacher, it was discovered that he actually had a C+. "He had given me an E not because I earned it, but because he expected me to deserve it" (John B. Diamond in Schoem, 1991).

A Mexican-American male stated, "As I moved to junior high, the issue of my ethnicity became a problem. I remember thinking that I would be a great deal more popular if only I had Bobby's face and body and brains. I would look in the mirror and imagine what I would look like. The mythical Bobby was, of course, always white and popular with girls. This fantasy ate away at my self-esteem, and I found myself bitterly questioning why I had been born a 'brown-faced Mexican'. . . . From this point on, all my energies were spent on the elusive quest for acceptance by my peers—and unconsciously, by myself" (Carlos Manjarrez in Schoem, 1991).

Do you think racial prejudice can make the development of self-concept and positive self-esteem difficult? Do you think the African-American teen felt that he mattered to his teacher? What are the social expectations for him and how might they influence self-concept? What values of American society make the development of self-concept and positive self-esteem challenging for some culturally diverse teens?

self-concept identified by Harter (1990), social acceptance by peers, together with physical appearance, were most related to feelings of positive self-esteem. Adolescents who feel accepted by their peer group and their parents are likely to feel good about themselves.

Adolescents with low self-esteem are more likely to be disliked and rejected by peers. They are more likely to be shy and are less likely to be selected as leaders in clubs and social activities. Difficulties in social competence are not likely to disappear following adolescence. Growing research evidence suggests that adolescents who have poor peer relationships are more likely to have adjustment difficulties in adulthood (Reisman, 1985).

Adolescents' social relationships shape their self-concepts. They learn about themselves in relation to other people. As adolescents work out their social relationships, they sort out general and specific aspects of their own identities. A young adolescent's interest in the social behavior of peers is an attempt, in part, to learn about the self and how she is perceived by others. Long conversations between peers assist the adolescent

in understanding their social and emotional environment as perceived by others their age. Years ago, Sullivan (1953) described the importance of "chum" friendships. For early adolescents, "chums" increase each other's self-esteem and provide information, advice, and support in solving problems. By sharing personal thoughts and feelings, chums become more aware of the needs and desires of others. Sullivan believed that the understanding of self and others that comes out of chum friendships was important for the development of romantic and intimate relationships in later adolescence.

Generally speaking, adolescents find their friendships to be enjoyable (Rubin, 1980). Together, they relax, joke, watch television, participate in sports and talk (and talk and talk). These times give adolescents feelings of belonging with others who are liked and respected. Adolescents often feel they are best understood by their friends. Through these friendships, adolescents gain social skills, such as empathy and understanding the point of view of others.

What adolescents learn about themselves from friends differs from what they learn about themselves from parents. The kinds of skills, values, and behaviors rewarded by one age group are quite different from the other. With parents, for example, the adolescent may view himself as polite and helpful. With friends, he may view himself as loyal and talkative. They may act tough and aggressive on the football team, but be gentle and supportive at the Sunday School classes they teach. Thus, the self may be somewhat different depending upon the social relationship.

Hart (1988) suggests that there is generally a **core self**. This reflects our deepest values and is consistent across social relationships. During early adolescence, parents have more influence on the core self. By late adolescence, relationships with a best friend are more important. About 75 percent of the self-concept, according to Hart, changes depending on the social relationship.

The way in which adolescents view themselves in social relationships changes during adolescence. According to research completed by Smollar and Youniss (1985), early adolescents describe themselves as cooperative, sociable, and happy in their relationships with friends. Friendships allow the young adolescent to express the social self as helpful and considerate. The self-concept of older adolescents includes a view of the self as intimate, sensitive, and spontaneous. By late adolescence, social competence includes the ability to share personal thoughts and feelings, and to be aware of the feelings and thoughts of others.

Social competence generally increases during adolescence. Dodge and Murphy (1983) believe that social competence is dependent upon a person's ability to recognize cues in social settings. People who are socially competent are able to observe other people's behavior carefully and figure out what is acceptable. When unsure what to do, they model their behavior after someone who is more socially competent. Social competence, like social cognition (see Chapter 5) increases with age (Selman, 1980). As the adolescent gains more cognitive skills, she is able to understand social situations better. She is less self-centered, better able to understand the views of other people, and more accurate in recognizing social cues.

Selman (1980, 1989; Selman & Schultz, 1990) maintains that healthy psychological functioning is related to an individual's skills in perspective taking (being able to understand from another's point of view) and interpersonal negotiation (or working out



On the face of it, it would seem that confiding in our friends would be an excellent thing to do. However, several researchers have questioned whether adolescent sharing of personal feelings and worries, as described by Sullivan, is really beneficial to them. Mechanic (1983) believes that talking with friends about personal problems often makes adolescents feel *worse*. Conversation may lead to **introspection** (the self-examination of our innermost thoughts and feelings), Harter (1990) suggests that introspection is one of the greatest risks to the adolescent self-concept. Mechanic agrees with this, and believes that adolescent friendships are most helpful when they encourage looking outward rather than inward. Sharing exciting activities and adventures may be more healthy for some adolescents than discussing feelings and personal problems. Looking inward or outward—which is best? What do you think? Do you think that there are gender differences in styles of friendship during adolescence?

differences with another person) (see Chapter 5). Advances in perspective taking during adolescence can increase both self-understanding and social competence. The adolescent should be able to take a “third-person perspective,” or be able to step outside the immediate relationship and view it from the perspective of another person. The adolescent is thus more self-reflective, aware of her behavior and its effect on others. This increased self-awareness is accompanied by increased ability to control one’s feelings and behavior and to understand the feelings of another person. During adolescence, according to Selman’s model, the capacity for **mutual collaboration** in social relationships usually develops. Mutual collaboration involves the ability to understand and respect one’s own needs and those of other people. It requires the capacity for intimacy, or sharing of experiences, and the capacity for autonomy, or ability to define one’s interests and negotiate them with another person. Sometimes, troubled adolescents do not develop expected skills in mutual collaboration. Selman and Schultz (1990) have developed a therapeutic technique called **pair therapy**. In this technique, two adolescents work together with a therapist with the goal of developing more advanced interpersonal skills. The pair therapist plays the role of providing a third-person perspective and helps to work through conflicts in the social interaction.

Thus far, we have examined the self from such standpoints as level of self-esteem and social competence. Another way to view the adolescent self is through Erik Erikson’s concept of identity, which we described briefly in Chapter 2. In the next section, we look at this extremely useful construct more closely. As you read it, ask yourself if Erikson’s ideas seem true for you.

## ERIKSON’S CONCEPT OF SELF—THE “IDENTITY”

According to Erik Erikson, the main task of the adolescent is to achieve a **state of identity**. Erikson (1958, 1959, 1963, 1968, 1969), who originated the term **identity crisis**, uses the term in a special way. In addition to thinking of identity as the general picture



one has of oneself, Erikson refers to it as *a state toward which one strives*. If you were in a state of identity, the various aspects of your self-concept would be in agreement with each other; they would be identical.

**Repudiation** of choices is another essential aspect of reaching personal identity. In any choice of identity, the selection we make means that we have repudiated (given up) all the other possibilities, at least for the present. All of us know people who seem unable to do this. They cannot keep a job, they are not loyal to their friends, they are unable to be faithful to a spouse. For them, "the grass is always greener on the other side of the fence." Thus they must keep all their options open and must not repudiate any choices, lest one of them should turn out to have been "the right one."

Erikson suggests that identity confusion is far more likely in a democratic society because there are so many choices. In a totalitarian society, youths are usually taught to have a uniform self-concept, which they are forced to accept. The Hitler Youth Corps of Nazi Germany in the 1930s is an example of a national effort backed by intense propaganda to get all the adolescents in the country to identify with the same set of values and attitudes—to accept a Nazi self-concept. In some societies, individual choices are limited because the family is valued above the individual. For that reason, most marriages are arranged in Muslim countries. In democratic societies, where more emphasis is placed on individual decision making, choices abound. As a result, some children may feel threatened by this overabundance of options. Nevertheless, a variety of choices is essential to the formation of a well-integrated identity.

Further, it is normal for identity confusion to cause an increase in self-doubt during early adolescence (Seginer & Flum, 1987; Shirk, 1987). Shirk states that "such doubts should decrease during the middle-teen years, as social norms for self-evaluation are acquired through role-taking development" (p. 59). He studied self-doubt in 10-, 13-, and 16-year-olds, and found significant decreases with advancing age.

We believe that most psychologists would call Erikson the foremost theorist on adolescence today. He probably has done more research and writing on this fifth stage of identity formation than on all the others combined. This does not mean, however, that all agree with his view that adolescence is a time of identity crisis. In fact, cultural differences in identity formation have been found quite extensively (Fogelson, 1982; Geertz, 1984; Rosaldo, 1984).

## The Search for Identity

Goethals and Klos (1976) argue that for well-educated youth, an identity crisis comes only at the end of adolescence:

*It is our opinion that college students do not typically have a firm sense of identity and typically have not undergone an identity crisis. College students seem to be in the process of identity seeking, and experience identity crisis toward the end of senior year and in their early post-college experience. A male or female's disillusionment with their job experience or graduate study, a female's disappointment at being at home with small children, is often the jolt that makes them ask what their education was for, and why they are not as delighted with their lives as they had been led to believe they would be (p. 129).*

## THE ERIKSON PSYCHOSOCIAL STAGE INVENTORY

The *Erikson Psychosocial Stage Inventory* (EPSI) was developed as a research tool to examine adolescents' resolutions of conflicts associated with Erikson's first six stages in psychological development. We remind you that these stages are concerned with basic trust, autonomy, initiative, industry, identity, and intimacy.

Because Erikson regarded adolescence as central to his theory of human development, an investigation of how the adolescent forms an identity is of value. EPSI was tested in a study of 622 adolescents and has 12 items for each of Erikson's stages (Rosenthal, Gurney, & Moore, 1981). On the basis of their extensive research, the authors concluded that the EPSI is a useful measure for studying early adolescence and for "mapping changes as a function of life events" (p. 525). This means that the test can be used to find out the relationships between a person's stage of development and his or her age, IQ, personality traits, and many other characteristics. Here are some sample items, which the respondent is asked to check true or false:

Item Number	Subscale
36.	<i>Trust</i> : Things and people usually turn out well for me.
13.	<i>Autonomy</i> : I know when to please myself and when to please others.
34.	<i>Initiative</i> : I'm an energetic person who does lots of things.
60.	<i>Industry</i> : I stick with things until they are finished.
10.	<i>Identity</i> : I've got a clear idea of what I want to be.
59.	<i>Intimacy</i> : I have a close physical and emotional relationship with another person.

From Rosenthal, et al., *The Journal of Youth and Adolescence*, 10(6):525-37. Copyright ©1981 Plenum Publishing Corporation. New York, N.Y.

University of Michigan researchers (Bachman, O'Malley, & Johnston, 1978) studied changes in the attitudes and goals of 2,000 male adolescents. They conclude that contrary to the view "of adolescence as a period of great turbulence and stress, we found a good deal of consistence along dimensions of attitudes, aspirations, and self-concept" (p. 31). Few of their subjects gave any evidence of having experienced an identity crisis.

Erikson, who himself had an extensive and rather difficult identity crisis in his youth, supposed that "My friends will insist that I needed to name this crisis in everybody else in order to really come to terms with it" (1975, p. 26). Born Erik Homberger, he seems to have rejected his past. It was difficult. His Danish mother remarried a German Jew, and he found himself rejected both by Jewish and Christian children.

His identity crisis was resolved by the creation of a brand-new person with a new name, religion, and occupation. Some biographers (e.g., Berman, 1975; Roazen, 1976) have suggested that the surname he chose, "Erikson," means he is the "son of himself."

His theory of human development is no doubt colored by these experiences. At the same time, the intensity and degree of his identity crisis have made him extremely sensitive to the problems that all adolescents go through.

Perhaps the best conclusion we can reach, based on the available evidence, is that while the teen years are definitely a time of *concern* over one's identity, major decisions about it may be postponed by many until they reach early adulthood. This is probably truer today than ever, because of the phenomenon that Erikson calls the **moratorium of youth**, which seems to be lasting longer and longer.

## The Moratorium of Youth

Erikson sees late adolescence as a period of moratorium—a “time out” period during which the adolescent experiments with a variety of identities, without having to assume responsibility for the consequences of any particular one. We allow late adolescents this moratorium so that they can try out a number of ways of being, the better to come to their own particular identity. The moratorium period does not exist in preindustrial societies. Some have suggested that only Western industrial societies can afford the luxury of a moratorium. Others say that only because the values in Western industrial societies are so conflicted do adolescents *need* a moratorium.

Erikson stated that indecision is an essential part of the moratorium. Tolerance of it leads to a positive identity. Some youth, however, cannot stand the ambiguity of indecision. This leads to **premature foreclosure.** The adolescent who makes his choices too early usually comes to regret them and is especially vulnerable to identity confusion in later life.

Erikson suggested that religious initiation ceremonies such as Catholic confirmation and Jewish bar and bas mitzvah can limit the young, forcing them into a narrow, negative identity. This can happen if the ceremony dogmatically spells out the specific behaviors expected by adults. On the other hand, such ceremonies can suggest to youths that the adult community now has more confidence in their ability to make decisions. The effect depends on the explanation of the goals of the ceremony.

Although some youths tend to be overly idealistic, Erikson believes that idealism is essential for a strong identity. In young people's search for a person or an idea to be true to, they are building a commitment to an ideology that will help them unify their personal values.

## Negative Identity

While most adolescents do not go through changes as great as Erikson did in his youth, many do take on what he calls a **negative identity.** People with negative identities adopt one pattern of behavior because they are rebelling against demands that they do the opposite. An example is the boy who joins a gang of shoplifters, not because he wants to steal, but because he doubts his masculinity and seeks to prove that he is not a coward through the dangerous act of theft. Another example is the sexually permissive girl who is punishing her mother for trying to keep unreasonably strict control over her. Sex is not her goal; proving that she is no longer her mother's baby is.



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In his psychohistorical biography of German religious leader Martin Luther (1483–1546), entitled *Young Man Luther* (1958), Erikson paints a somber picture of negative identity. Luther's greatness as a leader, says Erikson, was partly built on the enormous anger and unresolved conflict he experienced in his late teens.

Luther's choice to become a monk expressed his rejection of fifteenth-century society rather than his devotion to Catholicism. Luther indulged in further contrariness by trying to be a better monk than anyone else. Luther's strong internal conflict is illustrated by the story of his falling into a faint while performing in the choir. As he fell to the ground, he is said to have cried out, "It isn't me!" Many other incidents also indicate that he couldn't accept being who he was.

Erikson believes that Luther had an extended identity crisis. His monkhood was used as the time and place for working out a positive identity. As his identity evolved, Luther devoted himself without reluctance to God and turned all his fury against the Pope, fomenting the Protestant religious upheaval. Like Erikson, Luther's identity crisis was not resolved until he reached 30.

## Identity Status

Erikson's ideas on adolescence have generated considerable research on identity formation. The leader in this field is James Marcia, who has made a major contribution to our understanding through his research on **identity status**. He and his colleagues have published numerous studies on this topic (Marcia, 1966, 1967, 1968, 1980; Cote & Levine, 1988; Craig-Bray, Adams, & Dobson, 1988; Dellas & Jernigan, 1987; Kroger & Haslett, 1988; Raphael, Feinberg, & Bachor, 1987; Rogow, Marcia, & Slugoski, 1983; Rowe & Marcia, 1980; Schiedel & Marcia, 1985; Slugoski, Marcia, & Koopman, 1984).

Marcia believes that there are two essential factors in the attainment of a mature identity. First, the person must undergo several crises in choosing among life's alternatives, such as the crisis of deciding whether to hold to or give up one's religious beliefs. Second, the person must come to a commitment, an investment of self, in his or her choices. Since a person may or may not have gone through the crisis of choice and may or may not have made a commitment to choices, there are four possible combinations, or statuses, for that person to be in:

- *Status 1: Identity confusion.* No crisis has been experienced and no commitments have been made.
- *Status 2: Identity foreclosure.* No crisis has been experienced, but commitments have been made, usually forced on the person by the parent.
- *Status 3: Identity moratorium.* Considerable crisis is being experienced, but no commitments are yet made.
- *Status 4: Identity achievement.* Numerous crises have been experienced and resolved, and relatively permanent commitments have been made. Table 6.1 shows the relationships among the statuses.

Erikson's eight stages (basic trust, autonomy, initiative, industry, identity, intimacy, generativity and integrity—see Chapter 2) follow each other in a more or less unchangeable sequence. Research indicates that identity statuses have a tendency toward an orderly



Table 6.1

## SUMMARY OF MARCIA'S FOUR IDENTITY STATUSES

	Identity Status			
	<i>Confusion</i>	<i>Foreclosure</i>	<i>Moratorium</i>	<i>Achievement</i>
Crisis	Absent	Absent	Present	Present
Commitment	Absent	Present	Absent	Present
Period of adolescence in which status often occurs	Early	Middle	Middle	Late

progression, but not so clearly as Erikson's stages. For example, Meilman (1979) studied males at the ages of 12, 15, 18, 21, and 24. They were rated on attitudes toward occupation, religion, politics, and, for the older subjects, sexual matters. For each of these areas, the older the group, the fewer the individuals in the confusion status and the more in the achieved status.

Carol Gilligan (1982) and others have focused on possible gender differences in identity formation. They have concluded that women are less concerned than men with achieving an independent identity status. Women are more likely to define themselves in terms of their relationships and responsibilities to others. Society gives women the predominant role in transmitting social values from one generation to the next. This role requires a stable identity, and therefore a stable identity appears to be more important to women than it is to men. The result is that women may tend to foreclose on an identity defined by others around them rather than compete to form a more independent identity. According to Erikson's model, women appear to be less mature. Gilligan and others argue, however, that Erikson's model is not useful in understanding the development of female identity. Female identity development is not less mature than male identity, just different.

Grotevant and associates (1982) have expanded Marcia's research into the interpersonal realm, including friendships, dating, and sex roles. They feel that before forming intimate relationships, adolescents explore and commit themselves to interpersonal relationships as part of their identity formation.

## Identity and Cultural Diversity

Like most other psychological theorists, Erikson developed his theory of identity formation mainly by observing white adolescent males of European heritage. As for minorities and oppressed individuals, Erikson (1968) speculated that they are likely to develop a negative identity, especially if they accept the prejudicial views of the society in which they live. While most of the research on identity development has looked at white adolescents, a few studies have applied Marcia's (1966) identity status model with American

minority adolescents. That research (Abraham, 1986; Hauser & Kasendorf, 1983; Markstrom & Mullis, 1987; Streitmatter, 1988) has found that African-American, Hispanic, Native American, and Asian-American adolescents tended to score higher in foreclosure than white youth. Foreclosure, as you will remember, means becoming committed to an identity without thinking independently about what that identity should be.

Hauser and Kasendorf (1983) describe a variety of social and cultural reasons for their findings. They explain that the foreclosure status of many minority adolescents is caused by political, social, and economic circumstances and not to some weakness within.

Here is how it works. Exploration is essential to the process of identity formation. Those minority adolescents who come from families with unmet economic needs do not have the chance to enjoy a moratorium of exploration. They may, for example, need to take the first job they are offered, rather than explore many career choices. Racial discrimination may also close off opportunities to explore through apprenticeships and formal education. Identity foreclosure may be the only choice for adolescents when social and economic opportunities are limited. Improving the educational, political, and economic opportunities of ethnic minorities should provide more avenues for identity exploration. It is also possible that Erikson's stages are not useful in explaining the identity development of minority adolescents. If interdependence, as discussed earlier, is important in African-American culture to the sense of self, a model of identity development that focuses on separation and independence may be culturally biased.

## The Development of Cultural Identity

Forming an identity is complex for cultural minorities (sometimes called ethnic or racial minorities). Minority adolescents ask themselves not only, "Who am I?," but also such questions as "Who am I as an African-American?" or "as a Latino?" Cultural identity is that part of a person's self-concept that comes from their knowledge and feelings about belonging to a particular cultural group. Cultural identity includes self-identification (whether or not I describe myself as Latino), and a sense of belonging (how close do I feel towards other people in my cultural group). It also involves an attitude toward one's cultural group (am I proud to be a member of my cultural group) and involvement (do I participate in the cultural practices of my group and do I have friends who are members of my cultural group) (Phinney, 1990).

As the number of cultural minorities living in the United States is increasing, social scientists have become interested in the development of cultural identity. Many believe that a positive sense of cultural identity can help minority adolescents feel good about themselves in the face of discrimination and threats to their identity from the larger society. While this is a new area of research, some findings suggest that higher levels of cultural identity are related to better psychological adjustment and higher self-esteem (Parham & Helms, 1985; Phinney, 1989).

Many Americans believe in the "melting pot" philosophy. This is the idea that a new and superior race is developing from a mixing of many. As races and cultures mix, they

The “melting pot” concept holds that when people join a society (mainly through immigration), they should try to become as much like the members of that society as possible. Otherwise, they should not come. To this end, some states are considering making English the “legal” language, refusing to recognize any other language in school, on traffic signs, etc.

Others argue that you can “maintain a foot in each camp.” For example, you can speak your native language at home, and English outside of the home. You can celebrate the country’s national holidays and those of your own culture as well.

What do you think? Is it possible to have a strong allegiance to a minority culture *and* the majority culture? Do people have to choose sides, especially where the two cultures clash? What’s your opinion?

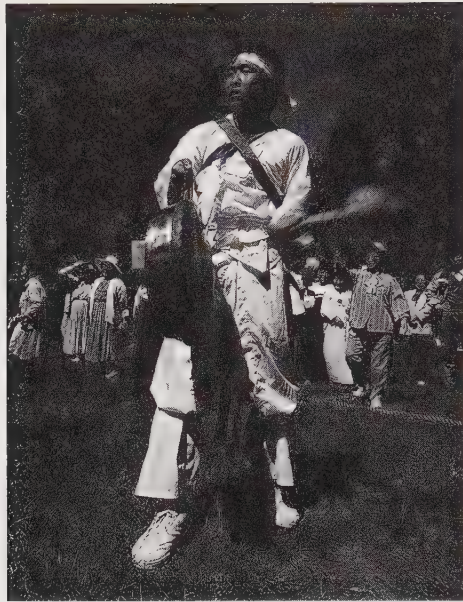
are expected to give up their customs and blend in with the larger society. Maintaining a sense of cultural identity may be seen as a barrier to blending in. Phinney (1990), however, presents a model suggesting four ways in which adolescents can identify with both their own minority culture and the majority culture. The adolescent may have a weak identification with both the majority and the minority group, may have a weak identification with one group (either minority or majority) and a strong identification with the other group, or may have a strong identification with both groups. Weak identification with both groups results in what has been called **marginalism**, which refers to a person who feels isolated and alienated from both cultures. Strong identification with both groups is called **biculturalism**.

So far, we do not know much about how adolescents resolve conflicts between identification with the majority and minority cultures. While belonging to two different groups could complicate identity formation, some believe that ideally, adolescents should be helped to develop a bicultural identity, so that they can feel good about their family’s background, and also participate actively in the main culture (Ramirez & Castaneda, 1974). That is, they should attempt to integrate aspects of both cultures that are helpful to their own self-esteem and identity.

## Stages of Cultural Identity Development

The development of cultural identity may be thought of as a process that takes place over time, similar to Erikson’s stages. Phinney (1989) suggests that the development of cultural identity takes place in a three-stage process. Early adolescents and others who have not been exposed to cultural identity issues are in the first stage, an **unexamined cultural identity**. People in this stage may have given little thought to their identity. They may have absorbed their parents’ attitudes without question, or they may prefer views of the dominant culture.





Achieving cultural identity is an important development task for many adolescents. The ability to positively identify with one's cultural heritage and the majority culture is called biculturalism.

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The second stage, **cultural identity search**, is a process of exploring one's cultural identity. It may begin after an important experience that forces awareness of choice. An example would be the child who endures a racial slur upon changing to a school in which the dominant race is different from his. After that, she may become involved in reading about her race and participating in racial events. As a result of this process, the individual develops a deeper appreciation and understanding of her cultural background.

The third stage, **achieved cultural identity**, results when the individual finds a way of resolving two problems: (a) the differences between their cultural background and the dominant culture and (b) the lower status of their cultural group in society. At this stage, the individual has a clear and confident sense of his cultural identity. Parham (1989) suggests that the process does not end here, however. He suggests instead that the meaning and importance of one's cultural identity may be re-explored a number of times during one's life.

Achieving a clear and confident sense of cultural identity can be difficult in our society. Research suggests, however, that an achieved cultural identity is related to positive self-esteem and good mental health.

Spencer and Markstrom-Adams (1990) have suggested some ways in which cultural identity development could be enhanced. Parents need to be supported in their efforts to teach their culture to their children. Too often adults remain uncomfortable with issues of race or ethnic background, and do not discuss these issues with their children. Parents need to be taught skills that build their sense of cultural pride and contribute to involvement



## FORMING A STRONG CULTURAL IDENTITY

Adolescents who are experiencing conflicts of cultural identity sometimes develop psychological symptoms like depression, anxiety, school failure, or delinquency. They may report conflicts with their parents, who represent the ways of the culture. Adolescents sometimes turn the hostility of the majority culture on themselves and suffer low self-esteem and depression. Sometimes they turn that anger outward and get into trouble at school or in the community.

Teachers, counselors, and others can work with youth to help them understand that developing a cultural identity can be difficult. The counselor can help the adolescent to understand her conflict by exploring what she feels are the positive and negative aspects of each culture. Then she can be encouraged to identify with what she considers the positive traits, and to dissociate herself from the negative traits. This should help her to define her own identity. The counselor can make it clear that she does not have to choose one identity over the other, for they both have admirable qualities.

in their children's schools. Teachers need to be better sensitized to the customs and traditions of cultural minorities. Negative stereotypes of minorities as presented in books, movies, and television must be challenged.

Sexual identity and gender role are also important aspects of self and identity. Beliefs about gender role have changed dramatically in the latter half of this century as a result of the feminist movement. This has had a profound effect on the ways in which many adolescent girls and boys (and adults) define themselves and their relationships with members of the opposite sex.

## SEXUAL IDENTITY AND GENDER ROLES

*The problem lay buried, unspoken, for many years in the minds of American women. It was a strange stirring, a sense of dissatisfaction, a yearning that women suffered in the middle of the twentieth century in the United States. Each suburban wife struggled with it alone, as she made the beds, shopped for groceries, matched slipcover material, ate peanut butter sandwiches with her children, chauffeured Cub Scouts and Brownies, lay beside her husband at night—she was afraid to ask even of herself the silent question—“Is this all?”*

Betty Friedan, 1963

This is the opening of the famous book, *The Feminine Mystique*, which began the feminist movement in this country. Its early effects were mainly on late adolescent and early adult females, but today there is scarcely a female in the country (or a male, for that matter) whose life has not been affected by this movement.

Contrast it with this statement made over two thousand years ago by the famed Greek philosopher Aristotle: "Woman may be said to be an inferior man." Most of us would probably disagree publicly with his viewpoint. On the other hand, its underlying attitude is still widespread. People today are far less willing to admit to a belief in female inferiority, but many still act as though it were so. However, the influence of the women's movement, as well as of science and other forms of social change, is profoundly affecting the way we view **sexual identity** and **gender role**.

First, we should make a distinction between the two. Sexual identity results from those physical characteristics that are part of our biological inheritance. They are the traits that make us males or females. Genitals and facial hair are examples of characteristics that affect sexual identity. Gender role, on the other hand, results largely from the specific traits that are in fashion at any one time and in any one culture. For example, in our culture, women appear to be able to express their emotions through crying more easily than men, although there is no known physical cause for this difference.

It is possible for people to accept or reject their sexual identity and/or their gender role. Jan Morris (1974), the British author, spent most of her life as the successful writer James Morris. Although born a male she deeply resented the fact that she had a male sexual identity and hated having to perform the male gender role. She always felt that inside she was really a woman.

The cause of these feelings may have been psychological—something that happened in her childhood, perhaps. Or the cause may have been genetic—possibly something to do with hormone balance. Such rejection is rare, and no one knows for sure why it happens. Morris decided to have a transsexual operation that changed her from male to female. The change caused many problems in her life, but she says she is infinitely happier to have her body match her feelings about her gender role.

Some people are perfectly happy with their sexual identity, but don't like their gender role. Gender role itself has three aspects:

- *Gender-role orientation.* Individuals differ in how confident they feel about their sexual identity. Males often feel less confident about their **gender-role orientation** than females. (This will be discussed in Chapter 13.)
- *Gender-role preference.* Some individuals feel unhappy about their gender role, as did Jan Morris, and wish either society or their gender could be changed. Thus their **gender-role preference** is different from that ascribed to them by society. The feminist movement of the last few decades has had a major impact on many of the world's societies in this regard.
- *Gender-role adaptation.* Adaptation is defined by whether other people judge individual behavior as masculine or feminine. If a person is seen as acting "appropriately" according to her or his gender, then adaptation has occurred. People who dislike their gender role, or doubt that they fit it well (e.g., the teenage boy who fights a lot because he secretly doubts he is masculine enough) may be said to have poor **gender-role adaptation**.

## THE YOUNG ADOLESCENT'S RIGID VIEW OF GENDER

The term **gender** is used all the time. But what does it mean? Gender refers to our conceptions of what it means to be male or to be female. In a recent article, Ronald Slaby (1990) explored gender as a social category system. By that he means a mental filing system: we use the categories of male and female to organize the information we receive. Slaby argues that gender categories are loaded with meaning. For example, when we hear of a person named Mary, before even meeting her, we hold certain preconceptions of what she will be like. She will be female, so she can't be male, and will (probably) always be female. If you are female, then a person named Mary shares with you the things you think that all females experience. If you are male, then there are things that you think only males experience that you feel certain a person named Mary does not experience. In this manner, gender acts as a powerful organizing system.

Most adolescents wrestle with what it means for them personally to be male and female. In doing so, they develop their gender categories. Studies of the adolescents' ideal men and women reflect very stereotyped notions of the sexes. According to Slaby, this is due to the inflexibility of their developing gender categories. Hill and Lynch (1983) explain this according to the *gender intensification hypothesis*. Hill and Lynch (1983) believe that with the experience of puberty, early adolescents are concerned with the significance of their gender. When the meaning of gender is somewhat unclear, adolescents are more likely to use the categories of male and female in a rigid and stereotyped manner. That clarity helps adolescents solidify their understanding of gender. When they become confident and comfortable in their ability to figure out maleness or femaleness, then they become able to use the gender categories more flexibly. Then they are able to understand that even though Mary might fit their category of female in most ways, in some ways she may not.

What about you? Are your concepts of gender role flexible or rigid? And what about your friends and relatives? It might be fun to design a questionnaire on gender roles and ask them to respond to it.

Research indicates that while gender roles may be modified by differing cultural expectations, sexual identity is fixed rather early in a person's development. John Money and his associates at Johns Hopkins University believe there is a critical period for the development of sexual identity, which starts at about age 18 months and ends at about the age of 4. Once sexual identity has been established, it is very difficult to change (Money & Ehrhardt, 1972).

The more traditional view (e.g., Diamond, 1982) holds that sexual identity is the result of interaction between sex chromosome differences at conception and early treatment by the people in the child's environment. However, Baker (1980), in her review of the





Early adolescents may become more involved in gender-stereotyped activities as they try to understand what it means to be male or female.

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main body of research on this topic, is unequivocal: she states that sexual identity depends on the way the child is reared, “regardless of the chromosomal, gonadal, or prenatal hormonal situation” (p. 95).

Once culture has had the opportunity to influence the child’s sexual identity, it is unlikely to change, even when biological changes occur. Even in such extreme cases of chromosome failure (see Chapter 3) as gynecomastia (breast growth in the male) and hirsutism (abnormal female body hair), sexual identity is not affected. In almost all cases, adolescents desperately want medical treatment so they can *keep* their sexual identities.

Although sexual identity becomes fixed rather early in life, gender roles usually undergo changes as the individual matures. The relationships between the roles of our two genders also change, and have altered considerably in the past few decades.

## The Psychological Significance of Gender Roles

Before the feminist movement of the 1970s, most psychologists believed that conformity with traditional sex-role expectations was necessary for healthy psychological adjustment. The feminist movement, however, raised concern about the consequences of adhering to traditional gender-role expectations. One sex-role researcher, Sandra Bem (1975), argued that traditional American roles are unhealthy. She said that highly masculine males may be better adjusted psychologically than other males during adolescence, but as adults they may become anxious and neurotic. Pressures felt by American males to achieve in their careers and to hide feelings of sadness or weakness, for example, might



contribute to anxiety and neuroticism. The highly feminine female would suffer from societal pressure to conceal her strength and competence.

Bem believed we would all be much better off if we were to become more **androgynous**. The word is made up of the Greek words for male, *andro*, and for female, *gyne*. It refers to those persons who are higher than average in both male and female. They are more likely to behave in a way appropriate to a situation, regardless of their gender.

For example, when someone forces his way into a line at the movies, the traditional female role calls for a woman to look disapproving but to say nothing. The androgynous female would tell the offender in no uncertain terms to go to the end of the line. When a baby left unattended starts to cry, the traditional male response is to try to find some woman to take care of its needs. The androgynous male would pick up the infant and attempt to comfort it.

Androgyny is not merely the midpoint between the two poles of masculinity and femininity. Rather, it is a higher level of sex-role identification than either of the more traditional roles. Figure 6.1 illustrates this relationship.

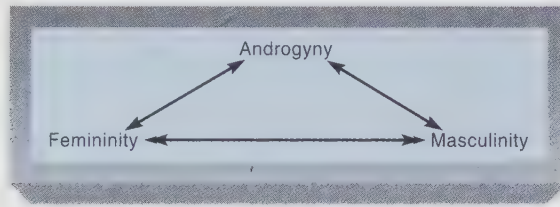


Figure 6.1  
Relationships among the three sex roles.

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A great deal of research has been done in recent years to assess Bem's claim that androgynous males and females, possessing high levels of both masculine and feminine traits, are better off psychologically. While some support for the androgyny model has been found (Mullis & McKinley, 1989), strongest support has been found for a positive relationship between masculine traits, such as independence, action and mastery, and psychological well-being (Allgood-Merten & others, 1990; Cate & Sugawara, 1986; Lamke, 1982; Whitely, 1983). Examination of findings that supported the androgyny model revealed that the positive relationship between androgyny and psychological well-being was due to the presence of masculine traits, rather than the combined presence of masculine and feminine traits (Whitely, 1983; 1984). In recent research, Allgood-Merten and associates (1990) found that high school boys and girls who described themselves as having high levels of masculine characteristics reported low levels of depression. Towbes and associates (1989) found that the high school girls who described themselves as high on masculine traits, such as a sense of personal control and feelings of mastery, were better able to cope with life stress, than girls reporting low levels of masculine traits.

Are traditional male gender roles more healthy than traditional female roles? Critics (Gil & others, 1987; Nichols & others, 1987) say this is not necessarily so. Because measures of masculine traits, such as independence, mastery, assertion, and self-control, are so similar to psychological measures of self-esteem and freedom from depression, it is not surprising that masculinity is positively related to those measures. Critics suggest that psychological measures of well-being are biased, because they list few traditional female characteristics (e.g., concern for others, a willingness to express feelings, and seeks help when needed). Measures of femininity also reflect societal bias and list characteristics that are not psychologically desirable—passive, dependent, childlike, shy, and gullible. In contrast, few undesirable male characteristics are included on measures of masculinity. Critics also point out that traditional male characteristics may be helpful in certain situations, such as work and school, whereas traditional female characteristics are helpful in other situations, such as developing close friendships or intimate relationships.

Current findings concerning the psychological consequences of gender roles are not clear. Psychologists, however, are particularly concerned about the effects of gender-role conformity for adolescents. As you will recall from the discussion of the gender intensification hypothesis (Hill & Lynch, 1983) earlier in this chapter, pressures to behave in gender-appropriate ways often increase in adolescence. Carol Gilligan and her colleagues (Brown & Gilligan, 1992; Gilligan & others, 1990) believe that this creates a dilemma for adolescent girls. At the same time that girls feel an increased need to conform to female gender-role expectations in order to be accepted by peers, they become aware that feminine interpersonal qualities are not valued by male society. Nolen-Hoeksema and associates (1991) suggest that the feelings of adolescent girls that they must hide their competence to win the acceptance of adolescent boys and adults also lead to feelings of hopelessness, helplessness, and depression.

Other writers describe how pressures to conform to gender-role stereotypes negatively affect adolescent boys. Joseph Pleck and his colleagues (Pleck, 1983; Pleck & others, in press) found that adolescent males who conform to traditional beliefs about male gender roles report more drug and alcohol use, more delinquency, more school problems, and higher levels of sexual activity than boys with less traditional gender-role beliefs. Other research suggests that failure to meet traditional gender roles is psychologically damaging for males. College men who described themselves as failing to meet traditional male standards of behavior reported more anxiety, depression, and social maladjustment than college women who deviated from traditional female gender roles (O'Heron & Orlofsky, 1990). It seems that recent changes in gender-role expectations have provided more flexibility for females than males.

How can practices of gender-role socialization be changed to promote the psychological well-being of adolescent boys and girls? During the 1970s, Bem believed that androgyny was the answer. In response to criticism of the androgyny model and disappointing research findings, Bem (1981) then suggested that children and adolescents should be raised to be **gender aschematic**. Traditional socialization practices result in gender schema, or classification systems in which events and behaviors are labeled as appropriately masculine or feminine. This classification system leads to negative self-evaluation and low self-esteem when a person does not meet societal expectations for his

or her own gender. Adolescent girls' intense dissatisfaction with their physical appearance, for example, can be understood as a failure to meet cultural standards for female attractiveness. Bem believes that optimal psychological health will follow when boys and girls are free of unrealistic standards. Rather than requiring high levels of both masculine and feminine traits (the androgyny model), gender schema theory suggests that psychologically mature individuals describe and use their talents without concern for culturally imposed gender-role expectations.

Gilligan and her colleagues (Brown & Gilligan, 1992; Gilligan & others, 1990), however, do not expect gender-role differences to disappear. They maintain that the psychological development of girls is different from boys. To promote the psychological well-being of adolescent girls, the girls themselves and the larger society must be helped to value and reward female qualities, such as nurturance, interpersonal sensitivity, and concern for interpersonal relationships.

## The Ideal Adolescent

What's your image of the ideal man? What's your image of the ideal woman? If you asked those questions to a group of adolescents today, would you expect answers to be the same as when you were an adolescent? The same as when your parents were adolescents? Researchers who have sought to answer these questions have been surprised at the results. They have found overwhelming evidence that little has changed in adolescents' concepts of ideal males and ideal females (Snodgrass, 1990; Stiles & others, 1987a, 1987b).

Snodgrass (1992) surveyed college students and found that clear stereotypes of men and women prevail. To those she studied, men represent forceful self-assertion and women represent nurturance and emotionality. However, the study did reveal one difference. In contrast to studies conducted some years earlier, Snodgrass found that college students applied the personality traits of being independent, active, and self-confident to women as well as to men. Younger adolescents describe men and women even more stereotypically by manner (Stiles & others, 1987a, 1987b), as can be seen in Figures 6.2 and 6.3.

In this study, adolescents aged 11 to 15 were asked to describe and to draw pictures of what they thought to be the ideal man and ideal woman. Stiles and her colleagues found that:

*Girls depicted the ideal man as "the chivalrous football player" (kind and honest, fun-loving, smiling and bringing flowers). Boys depicted the ideal man as "the frowning football player" (fun-loving, frowning, and engaged in sports). Girls described the ideal woman as "the smiling hardworker" (kind and honest, smiling, intelligent and having adult responsibilities). Boys perceived the ideal woman as "the smiling sun-bather" (good-looking, sexy, smiling and engaged in leisurely activities). (Stiles & others, 1987a, p. 411)*

Overall, adolescent boys and girls differed considerably in their ideas about what are the important traits for men and women to hold.



### The ideal woman

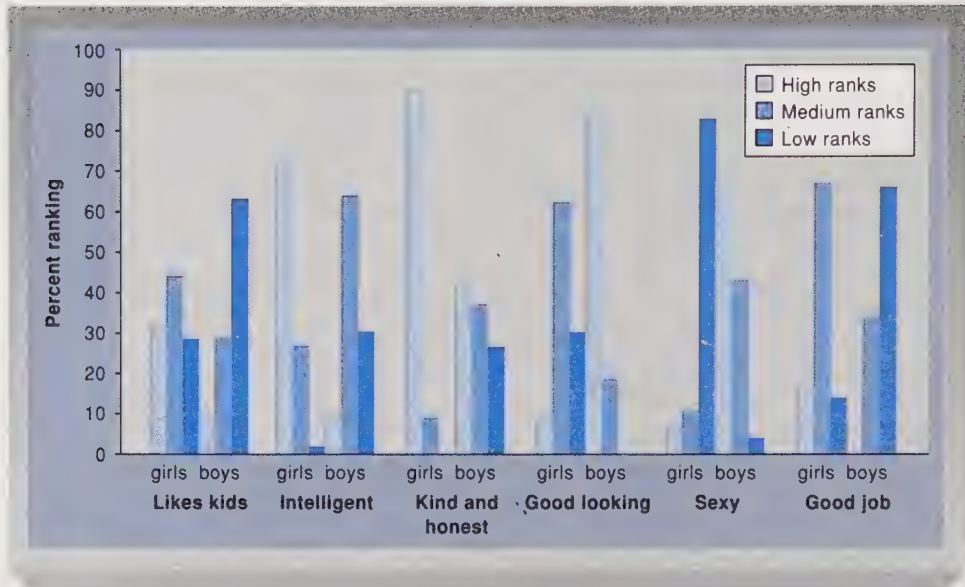


Figure 6.2  
Significant differences between boys' and girls' rankings of the ideal woman.

Source: Stiles & others, 1987, p. 117.

### The ideal man

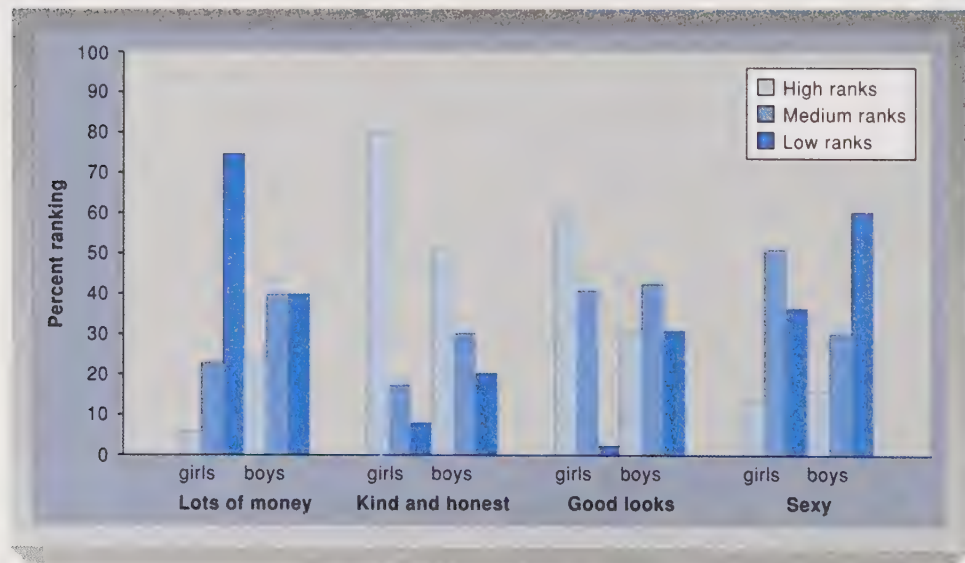


Figure 6.3  
Significant differences between boys' and girls' rankings of the ideal man.

Source: Stiles & others, 1987, p. 118.



## A GUATEMALAN INDIAN GIRL ASSUMES A WOMAN'S ROLE

Rigoberta Menchu, a Guatemalan peasant woman has told the story of becoming a woman in her community. At 10, girls there are taught about the practices of womanhood by their mothers:

*She [Rigoberta's mother] taught us to look after and preserve our household things. Our cooking pots, for example. She had a lot of earthenware pots that she'd had for many years and they hadn't broken or been ruined because she knew how to look after her things. Well, she told us that if you are poor, you can't buy things all the time, nor must you only expect things from your husband. You yourself have to do your part to keep your little things, too. And she gave us examples of people whom she knew or that she'd helped to improve themselves: "That's what happens with women who don't look after their pots and then when they don't have them any more, they have to go and buy more."*

*She was like that with everything. Another of our customs she taught us was that you mustn't mix women's clothes with men's clothes. She told us to put our brothers' clothes on one side when we wash them. First you wash the men's clothes and then, at the end, our own. In our culture we often treat the man as something different—the woman is valued too, of course—and if we do things we must do them well first, because they are our men, and second, because it's a way of encouraging them, in the same way our ancestors did for their men. Not mixing the clothes was, I think, the order they respected. My mother said that we women have certain things that a man doesn't have, like our period for instance. So we keep all our clothes separate. It's the same for everything: we don't mix them, but most of all with our clothes. However, with kitchen utensils and all the things for the house, there isn't one for each (Burgos-Debray, 1984, p. 214).\**

What is the real meaning of the washing of clothes? What does this say about female roles in Guatemala?

*\*From Elizabeth Burgos-Debray, editor/I, Roberta Menchu/c Verso/NLB, London and New York, 1984, p. 214.*

It is important to recognize that adolescents' views of the ideal man and woman are highly influenced by cultural expectations. Gibbons and others (1991) found that adolescents from nations that emphasize collectivist or group values and are less wealthy economically (adolescents from South American countries, such as Venezuela and Brazil, and from European countries, such as Greece and Yugoslavia, were included in this group) express more traditional gender-role ideas than do adolescents from wealthier, individualistic nations, such as the United States, Canada, Germany, and Great Britain. In other research (Stiles and others, 1990), male and female adolescents from the United States described their opposite sex ideals as having lots of money and being fun, popular, good-looking, and sexy. In comparison, adolescents from Mexico described their opposite

sex ideal as liking children, helping others, being very intelligent, and possessing inner qualities, such as goodness and honesty. It seems as though American adolescents value external characteristics of the opposite sex more than Mexican adolescents, who generally describe internal qualities as more important.

## CONCLUSIONS

A significant aspect of adolescent development is the formation of the self. The self is central to the personality. Cognitive changes which take place during adolescence influence the development of self-concept in positive ways, but also contribute to depression and anxiety for some adolescents. Traditional psychoanalytic theory views the self as emerging and stabilizing during adolescence through the process of separation—individuation. That view has been challenged in recent years by theorists interested in the development of women, who believe that interpersonal relationships are critical to a sense of self. Social learning theorists suggest that the development of self is a gradual process that takes place over time as a result of one's experience, evaluation of those experiences, and expectations of the self.

The self is defined by the self-concept, which changes with age. A critical ingredient of self-concept is self-esteem, which in turn depends on such factors as social contacts, parental behavior, developmental changes, gender, and race.

Erikson offers us another dimension of the self—one's identity. Although we each possess an identity, Erikson thinks of it more as an ideal state of personality in which there are no internal conflicts—all parts of the self are in concert. We strive for a state of identity, usually by passing through a state of moratorium in our teen years. Unfortunately, this search leads some youth to a negative identity. Others become stuck in a foreclosed identity, one of James Marcia's four identity statuses (the others are identity confusion, moratorium, and achievement). Marcia suggests it is necessary to work one's way from identity confusion through the moratorium to an achieved identity, while avoiding foreclosure.

For members of cultural minorities, defining their own identity can be challenging. It appears that there are three stages to this process, which may be called: unexamined cultural identity; cultural identity search; and achieved cultural identity.

The advent of feminism has promoted major innovations in our thinking about the appropriate gender roles for males and females. Adolescents must wrestle with what it means personally to be male and female, and how this fits with societal gender-role expectations and changing conceptions of masculinity and femininity.

In summary, it may be said that the adolescent's personality is undergoing many changes, but they are probably no more traumatic than at any other stage of life. The major concern is to begin to form an adult identity, which means choosing certain values and repudiating others. As Nightingale and Wolverton put it in their report to the Carnegie Council on Adolescent Development (1988),

*Adolescents have no prepared place in society that is appreciated or approved; nonetheless they must tackle two major tasks, usually on their own: identity formation, and development of self-worth and self-efficacy. The social environment of adolescents today makes both tasks very hard. . . . We must change the view that many people hold of all youth as troubled and harmful to the rest of society (pp. 1, 16).*

With this chapter, we conclude our consideration of individual and internal aspects of change during adolescence: puberty, cognition, morality, spirituality, and the self/identity. We now focus on the adolescent in interaction with the world: family, social relations, education, and work. The family, the peer group, the school, and the workplace are all important contexts or settings which influence the development of adolescents in critical ways.

## CHAPTER HIGHLIGHTS

### Cognitive Change and Adolescent Self-Concept

- A person's self-concept tends to change in four basic ways during adolescence: it becomes more abstract; differentiated; ideal or imagined; and introspective or inward-looking.
- These changes contribute to depression and anxiety for some adolescents. The vast majority of adolescents maintain positive self-concepts.

### Individuation, Interdependence, and the Self

- According to psychoanalytic theory, there is a process of individuation in childhood, and a second individuation during adolescence. The process of individuation is important to the development of the self as an independent person.
- Several psychologists, interested primarily in the development of adolescent girls, have suggested that rather than independence, interdependence should be the goal of personality development.
- Expectations and self-evaluations play a large role in the development of self-concept or self-efficacy according to social learning theorists.

### Self-Esteem

- Self-esteem affects adolescent motivation, school achievement, and mental health. Adolescents with low self-esteem are more likely to experience emotional and behavioral problems.
- Self-esteem is greatly influenced by social, developmental, gender, and cultural factors.

### Social Competence

- Social competence is an important aspect of self-concept among adolescents. Adolescents who feel good about their friendships generally feel good about themselves.
- Adolescents' self-concepts develop further as a result of their relationships with friends. Adolescents learn about and come to define themselves through their relationships.
- The cognitive developmental changes that take place during adolescence contribute to greater self-awareness and greater social competence.

### Erikson's Concept of Identity

- Erik Erikson's psychosocial theory of development calls the adolescent stage "a crisis in identity formation" and "repudiation versus identity confusion."
- Two important aspects of Erikson's adolescent theory are "negative identity" and "the moratorium of youth."
- James Marcia has defined four identity statuses: confusion, foreclosure, moratorium, and achievement.

## Cultural Identity

- A strong and positive cultural identity is related to psychological adjustment and high self-esteem.
- Because of the existence of prejudice in our society, minority adolescents may find it challenging to build a strong cultural identity.
- Developing a bicultural identity—feeling good about one's family background and having the cultural knowledge to participate in the main culture—is an ideal (although complex) goal for adolescents according to several theorists.

## Sexual Identity and Gender Roles

- Sexual identity results from those physical characteristics and behaviors that are part of our biological inheritance.
- Gender role, on the other hand, results partly from genetic makeup and partly from the specific traits that are in fashion at any one time and in any one culture.
- Views of acceptable gender-role behaviors have changed considerably during the past 20 years. Adolescents' views of acceptable gender-role behavior are often more rigid than adult views.
- Part of identity development in adolescence is defining oneself as male or female and determining what that means. That meaning is influenced by changing views of gender roles.

## KEY TERMS

Androgynous 195	Gender schema 196	Premature foreclosure 185
Achieved cultural identity 190	Ideal self 168	Reciprocal determinism 173
Biculturalism 189	Identity crisis 182	Repudiation 183
Core self 181	Identity status 186	Second individuation 170
Cultural identity 165, 188	Individuation 170	Self-concept 165, 166
Cultural identity search 190	Interdependence 171	Self-efficacy 173
Gender 193	Introspection 169, 182	Self-esteem 165
Gender aschematic 196	Marginalism 189	Self-in-relation 172
Gender intensification hypothesis 193	Moratorium of youth 185	Sexual identity 165, 192
Gender role 165, 192	Mutual collaboration 182	Social construction 175
Gender-role adaptation 192	Negative identity 185	State of identity 182
Gender-role orientation 192	Pair therapy 182	Unexamined cultural identity 189
Gender-role preference 192	Personal identity 165	



## WHAT DO YOU THINK?

1. What does individuation mean to you? Are you individuated?
2. In a "perfect" world, how would gender and race influence self-esteem?
3. Is it natural for females to care more about relationships than males?
4. Do you believe you have had an identity crisis? If so, what makes you think so?
5. What would you say are the main personality traits of the typical adolescent? Is there a typical adolescent?
6. Do you know anyone whom you feel has a negative identity? What is this person like?
7. Do members of minority groups have a different type of identity from those in the majority culture? If so, in what ways?
8. What is your attitude towards androgyny? Would you describe yourself as androgynous? If not, do you wish you were?

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part 3 three

INTERACTIONS  
WITH THE  
WORLD







# c h a p t e r

# 7

*It is, after all, the simplest things we remember: A neighborhood softball game, walking in the woods at twilight with Dad, rocking on the porch swing with Grandma.*

*Now, no one has the time to organize a ballgame. Our woods have turned to malls. Grandma lives three states away. How will our children have the same kind of warm memories we do?*

*B. F. Meltz, "Saving the Magic Moments," 1988*

## FAMILY RELATIONS

### Changes in the American Family and their Effects on the Adolescent

*The Loss of Fatherhood*

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Adolescence is a period of biological, psychological, and social change for each individual teenager. Each adolescent is a member of a family and a society that are also changing. As a result of the social and economic changes of the twentieth century, family life is now very different than it was in the past century when most families lived on farms. Since the 1960s, the family has experienced many other changes, caused by such powerful new trends as the altered status of women, the greater number of divorces and remarriages, and the increase in pregnancy and parenthood among teenagers. This chapter will consider how family changes have affected the lives of adolescents, and how the changes of adolescence influence family life.

When you finish this chapter, you will be able to:

- Explain how changes in the American family, including the high rate of parental divorce and remarriage, affect adolescent development and identify factors that help adolescents adjust to those changes.
- Describe the effects of adolescent pubertal changes and parental mid-life concerns on the quality of parent-adolescent relationships.
- Discuss, according to three recent models, how adolescents are able to gain independence while remaining close to their parents.
- Explain Baumrind's parenting styles and an additional parenting style identified by Dacey.
- Describe the importance of extended family, flexible social roles, and an ancestral worldview for many ethnically and racially diverse families.
- Discuss factors associated with causes and consequences of teenage parenthood.

The perspective on adolescent development and family relationships described in the introductory paragraph to this chapter is characteristic of **ecological theory**, as presented by Urie Bronfenbrenner. According to Bronfenbrenner (1979), human development is best understood as a series of changes and accommodations between an active, growing person and the immediate social environment, including the family, school, and peer group. The interactions between the person and their immediate social environment are also affected by the larger social environment, including the community, culture, nation, and world economic and social events. Ecological theory helps us to understand the many factors which interact to affect the development of a maturing adolescent.

## CHANGES IN THE AMERICAN FAMILY AND THEIR EFFECTS ON THE ADOLESCENT

Let us begin with a look at the family's changing role in modern society. As more and more time is being taken up by work, many adults seem to have less time to spend with family members. Members of our **extended family**, such as grandparents, aunts, uncles, and cousins are likely to live far away and not in the same house or community as they might have a century ago. The typical American family no longer consists of father as breadwinner and mother as housewife and child caretaker.

Table 7.1.

## THE FAMILY'S CHANGING ROLE

Former Family Roles	Societal Elements That Perform Them Now
Economic-productive	Factory, office, and store
Educational	Schools
Religious	Church or synagogue
Recreational	Commerical institutions
Medical	Doctor's office and hospital
Affectional	Family

### The Loss of Functions

In 1840, the American family fulfilled six major functions (Sebald, 1977). Table 7.1 lists those functions and suggests which parts of society now perform them. Today the first five functions—economic-productive, educational, religious, recreational and medical—have been taken over by professionals. The major function for the family today is to provide affection, support, and nurturance for its members. In the nineteenth century, parents and children were more interdependent in the following areas (Coleman, 1961):

- *Vocational instruction.* For both males and females, the parent of the same sex taught them their adult jobs. Most men were farmers and most women housewives. Parents knew all the secrets of work, secrets passed on from generation to generation. Today, nearly all men work at jobs different from their fathers, and an increasing percentage of women are not primarily housewives, as their mothers were.
- *Economic values.* Adolescents were important economically on the farm; without children, the farm couple had to hire others to help them. Work was a source of pride to the children and their work made it very clear that they were important to the family. Today, children are not expected to help their families financially, but it's still costly to raise children, especially adolescents.
- *Social stability.* When families stayed in the same town all their lives, parents were able to tell their children everything there was to know about how to live in that town. Today, the average American moves every five years. The adults are as much strangers in a new place as the children. In fact, with Dad, and now frequently Mom, driving out of the neighborhood to work, the children may well know the neighborhood better than their parents do.

Some social scientists express concern that the American family is no longer fulfilling its functions adequately. Coleman (1987), for example, believes that the family has been losing its influence as a source of **social capital**. Coleman has defined social capital as "the norms, the social networks and the relationships between adults and children" (1987, p. 36). Social capital serves to connect the generations through a shared body of knowledge and values and prepares young people to carry out responsibilities as adults.

## SUBSTITUTING FOR ABSENT ADULT ROLE MODELS

Teens are at an age when they are especially vulnerable to the influence of others, whether for good or for ill. They need to be able to look up to appropriate adults, but often such people are unavailable.

What can you do about the absence of adult models? There is one contribution you can make, and that is to expose the adolescents you work with to good adult models through the media. There are books, magazine articles, movies, and videos in which adults are depicted as behaving admirably. You can be on the lookout for these role models in the media, and you can expose the youth to these models as effectively as possible.

The office complex, shopping mall, and rock concert have replaced the household, neighborhood store, and family gatherings as places of work, shopping, and leisure. As a result, children and adolescents have less contact with caring adults and less opportunity to obtain social capital. Coleman suggests that new institutions developed to take over family functions, such as child care and recreation, must consider their role in developing social capital or in shaping the attitudes, motivations, and self-concept of youth. Personal attention and interest, involvement, emotional closeness or intimacy, and continuity over time are some of the characteristics Coleman believes are necessary for any institution that hopes to connect with and transmit values to youth.

James Youniss (1989) shares Coleman's concern that family changes, such as parental divorce, may interfere with the family's role in providing social capital. As the labor market increasingly demands workers with highly technical skills, Youniss wonders whether our families will provide youth with sufficient motivation to seek out and obtain the necessary training. In conjunction with this concern, Youniss is reassured by numerous studies indicating that for the majority of today's adolescents, parents remain an important source of social capital. Despite social change, most adolescents respect their parents, feel close to them, and take seriously the values held by their parents. Parents remain authorities and advisors to their adolescent offspring on many matters.

Although the family appears to be adequately fulfilling its role in providing affection, support, and nurturance for most adolescents, it is not adequately meeting that need for all teens. Some social critics point to changes in the American family as a source of teenage problems. During the past several generations, family life has changed in many ways for many Americans. Recreational activities are often shared with teenage peers and not with adults, including parents. Following a trend towards earlier marriage and a rise in the birthrate after World War II, many women are now both marrying and having children later in life. More women are working outside the home. The rate of divorce rose greatly from 1965 to 1979, although it has leveled off since that time. Many children live at least part of their childhood in a single-parent family, and many adolescents are gaining stepfamilies as a result of their parents' remarriage (Furstenburg, 1990). Many adults have less time available to spend with their children. How have these changes in family life affected the lives of adolescents—for better and for worse?



## The Increase in Peer Activities

During middle adolescence, many teens spend more time with peers and less time with adult family members. The entertainment industry (such as television and rock concerts) adds to the separation of adolescents from other family members. Such events are usually aimed at specific age groups. Parents, teenagers, and younger children rarely experience entertaining events together, but only with others of their own age.

Television has been especially powerful in separating family members. When teenagers reach the age of 18, they typically will have spent twice as many hours watching television as they have in the classroom. Teenagers spend this time apart from adults, who spend less time watching television.

Bronfenbrenner (1977) found that as teenagers spend more time with their agemates, they are more likely to view their parents as lacking in affection and not very firm in discipline. They also have less hope for the future, are less responsible, and are more likely to have behavior problems. Other researchers (e.g., Hartup, 1983), believe that some adolescents are more attracted to spending time with peers because their parents have not been effective in providing support and discipline. The relationship between peer and parent influence will be discussed more extensively in Chapter 8.

## The Effects of Divorce

A smoothly functioning family can provide support and nurturance to an adolescent during times of stress. But when the family itself is in trouble, such as during a divorce, the family can become a source of stress rather than support.

Divorce has become commonplace in American society. Even with the slight decreases in the divorce rate in recent years, there are still over one million divorces each year, which is about half the number of marriages performed during the same time (U.S. Bureau of Census, 1986). Divorce occurs most often in families with a newborn, and second most in families with an adolescent present. It is estimated that as many as one-third to one-half of the adolescent population is affected by divorce (Jurich, Schumm, & Bollman, 1987).

What, then, are the effects of divorce on the development of the adolescent? Researchers have had difficulty in trying to answer this question. Divorcing parents are often unwilling to participate or let their children participate in such studies (Santrock, 1987). Thus we cannot be sure how true our research findings are for all families in which a divorce has taken place.

Divorce almost always means change and usually adds stress to a family. One obvious effect is economic. For some families, less money forces the family to move. The adolescent then has to make new friends and adjust to a new school. When the parents are not living together, two rents or mortgages must be paid. This leaves less money for other needs. Most teens, particularly younger adolescents, worry about how they are viewed by their friends. They feel that they need to have the right clothes or stereo to fit in with their group. They may resent no longer being able to have everything their friends have.

For the older adolescent, divorce may mean that there is less money to pay for college. Furstenberg (1990) points out that children from divorced families have been less likely than children of two-parent families to go to college. He believes that this may be



Although divorce is difficult initially, most children and adolescents adjust successfully with time.

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because some fathers of divorced children are unwilling or unable to pay for their children's education. Wallerstein (1987) interviewed 38 adolescents 16 to 18 years old, whose parents had divorced ten years earlier. Most of the adolescents were still in school, but about half were not doing very well. Of the students in two-year and four-year colleges, only half received financial help from their fathers, even though their fathers could afford it. The students were disappointed with their fathers and felt hurt that they were not given more support.

Another usual effect of divorce is the absence of one parent. Often, custody is given to one parent (usually the mother), and so the children are likely to lose an important source of support (usually that of the father). In addition, the children may lose the support of grandparents and other extended family members. Extended family and friends can provide emotional, financial, and household support for single parents. When this support is given, it can help to stabilize a family following divorce and offer additional support to adolescent children.

When parents continue to fight after the divorce, it is hard for the child to be close with both parents. One or both parents may attempt to "turn" the adolescent against the other. Buchanan and others (1991) found that adolescents who feel caught between their parents are likely to feel anxious and depressed following a divorce. Asking an adolescent to give messages to the other parent or asking for information about the other parent's life are ways in which parents make adolescents feel caught. When parents continue to fight after a divorce, they often pull their adolescent children into the conflict. Having a close relationship with both parents after a divorce is helpful for adolescents. Continued parental fighting has a negative effect on adolescents when they are drawn into the battle.

Divorce can diminish a person's ability to parent. If the father is emotionally upset, he will not always be able to give attention and guidance to his children. If a mother has started working more hours outside of the home as a result of the divorce, she will have less time to give to her children. Fatigue, feelings of helplessness, plus practical life changes leave some parents with less emotional and physical energy to devote to parenting. Children and adolescents who are upset about a divorce may be more difficult for a parent to manage and increase the parents' feelings of stress and incompetence (Hetherington, 1991). Some divorced parents, on the other hand, feel that they are better parents after the divorce. That is, once an angry or estranged spouse leaves the home, the remaining parent can sometimes go about the business of parenting without the interference of marital conflict.

Hetherington and her colleagues have completed a number of studies of the effects of divorce on children (1989; 1991). Almost all children and families experience distress at the time of a divorce. Feelings of anger, sadness, and anxiety are natural reactions to changes in family life. Within two to three years after the divorce, most children and parents adjust to their new family life. While the majority of children are able to adjust, difficulties continue for some. How well children adjust depends on a number of factors, including:

- *Cumulative stress.* The more a child's life changes following a divorce, the more likely it is that the child will have difficulty. When there is a great loss in income, a change in methods of discipline, a move to a new neighborhood and/or a decrease in the amount of support given by one or both parents, stress is likely to continue, and adjustment will be difficult.
- *The child's temperament and personality.* Some people are more easygoing than others and have less difficulty adjusting to change. For well-adjusted children, adjustment to divorce may not be difficult and may even prepare them to handle other changes in life. For children who have a hard time adjusting to change, divorce may increase behavior problems. If children have had behavior problems before the divorce, those problems will probably worsen after the divorce, at least for a while.
- *Age.* Adolescents feel pain and anger when their parents divorce, but their cognitive abilities help them to understand what has happened better than younger children can. Adolescents are also likely to have more friends outside the family than younger children. These friendships can offer support and, to some extent, can make up for loss of parental support.

Children in divorced, single-parent households may be asked to participate in family decisions and household tasks. They may "grow up faster" and rely less on their families. Growing up faster can be useful if the adolescent becomes involved with positive peers and activities outside the family, such as school or work. If, however, the adolescent becomes involved in less constructive activities, such as drugs, alcohol, or just hanging-out, the outcome can be disastrous. If divorce occurs during middle childhood or adolescence, teens will remember the conflict more than if they were younger. Wallerstein (1987) found that ten years after their parents' divorce, adolescents viewed the divorce as the major event of their lives. Adolescents also report a greater need for their fathers than younger children do.



- *Sex differences.* Because it is the father who typically leaves a family during divorce, there are often more negative effects for males than females. Boys living with single mothers have more problems, both at home and at school, than boys living with both parents. Recent findings (Hetherington, 1991), however, indicate that many girls from divorced families develop behavior problems, similar to those displayed by boys, as they enter adolescence. Buchanan and others (1991) found that adolescent girls are more likely to feel caught between parents than boys. Other research data (Wallerstein, 1987) suggests that adolescent girls often have difficulty relating with males during adolescence. Wallerstein (1987) found that ten years after their parents' divorce, adolescent girls were often afraid of being hurt by boyfriends and were afraid that their own marriages would not last.

Despite the negative aspects we've outlined, you should keep in mind that divorce is not always a bad choice. Most adolescents, children, and parents adjust to their new family structure. Divorce is often better than keeping a stressful, unhappy family intact. In fact, the few studies that have compared adolescents from the two groups have shown that adolescents from divorced families do better than those from two-parent families in which the parents are fighting (Hetherington, 1973). If the outcome of the divorce is to be positive, parents need to find a way to get along with each other as much as possible and see that their conflicts do not harm their children.

## Stepfamilies

Recent estimates suggest that 25 percent of children will spend some time in a stepparent family before they are young adults (Hetherington & others, 1989). Since most mothers remarry five or more years after their divorce, a large number of children entering stepfamilies are in their teenage years. A new stepfamily often means new stepsiblings as well as a new stepparent. Getting along with a new stepparent and stepsiblings can be difficult for some adolescents. In fact, it seems to take adolescents and older children more time to adjust to their new stepfamily than it does to their parents' divorce (Hetherington & Clingempeel, 1988). How difficult it is to adjust to a stepfamily depends on the same factors that affect adjustment to divorce. Let's look at how age and sex differences affect adjustment to a stepfamily.

Some of the developmental changes that take place in adolescence can make adjustment to a stepfamily more difficult (Hetherington & others, 1989). For example, as adolescents become more independent of their parents and have more to say in family decisions, they begin to view their parents as persons with strengths and weaknesses, rather than as all-knowing adults. As a result, many adolescents are less willing to accept rules or discipline from a stepparent. Older children and adolescents seem to accept a stepfather better when he does not try to discipline the children. A stepfather is more likely to be accepted if he develops a good relationship with the children and supports the mother as she does the disciplining (Hetherington & others, 1985). A combination of parental warmth, involvement, and monitoring of activities (rather than enforcing rules and imposing discipline) has been found to be positively related with adjustment among early adolescents (Hetherington, 1991).



The adolescent's concern with sexuality may also make it difficult to accept the parent's affection toward a new husband or wife. Some adolescents have such negative attitudes toward new stepparents that it is very difficult to develop a positive relationship, even after a number of years. Hetherington (1991) found that many stepfathers and adolescent stepchildren do not mention each other as family members, even more than two years after the remarriage. Acceptance of a stepparent may not be as difficult for the late adolescent as she or he is often getting ready to leave home.

As you recall, divorce is often more difficult for boys. The mother's remarriage, if the children are living with her, can be good for sons after the initial adjustment. They can be helped by an involved parent of the same sex. Stepfathers are more likely to benefit younger sons than adolescents, however. The adjustment to and acceptance of a stepfather seems to be difficult for both adolescent boys and girls (Hetherington, 1991). Divorced mothers and daughters often form close relationships. Stepdaughters then resent the time and attention that is taken away by the stepfather (Hetherington & others, 1985).

In summary, although some teens react well to a divorce, most find it a disruptive event in their lives, from which they need time and support to recover. Let's turn now to a review of the effects of the parents' work roles on the family.

## The Effects of Parents' Work Roles

Mothers of adolescents are more likely to be employed outside the home than are mothers of younger children (Armistead & others, 1990). This is likely due, at least in part, to the assumption that children at this age are more independent. As the proportion of married working women with children doubled from 1960 to 1987, researchers have been interested in finding out whether this is good or bad for children. More research attention has focused on the effects of mothers' work roles, rather than those of fathers. Orthner (1990) reviewed the existing adolescent research and concluded that most studies show little effect. While a few studies have suggested that having a mother who works outside the home results in fewer family activities, more adolescent behavior problems, and a drop in academic performance, most do not. Orthner believes that this is because mothers, adolescents, and families as a whole have adjusted well to changing parental work roles. For example, families with working mothers have learned to share many household responsibilities or simply relax standards concerning meals and housework. Orthner suggests that these changes in role expectations (beliefs about what mom should do) have decreased the stress (found in early research) associated with maternal employment.

It seems that the effects of a mother's working depend upon many factors, such as whether the mother likes her work, how much stress the job creates both for her and the rest of the family, and how much the father gets involved in helping out with household chores and child care. For many women, employment is less stressful than full-time homemaking (Baruch & others, 1987). With younger children, the quality of child care outside the home is one of the biggest factors. Unfortunately, there is not enough high-quality child care that people can afford. Early adolescence is a time when many parents decide that their children no longer require afterschool care and begin to leave children on their own. Very little is known at this time, however, about the effects of this



As more and more mothers have become employed outside of the home, many family members are learning to share household responsibilities.

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unsupervised time on early adolescents (Orthner, 1990). Although there is much talk about fathers getting involved in parenting and household chores, research suggests that not a lot of change has taken place (Furstenberg, 1990). Having a mom who works can help many children and adolescents become more independent and self-confident, especially if their mother enjoys her work and has enough help with household chores and child care. These adolescents may learn to make decisions on their own and take care of many responsibilities around the house. Children and adolescents of working mothers also have less traditional sex roles. That is, they are more likely to believe that men and women can do a variety of things without being limited by their sex (Hoffman, 1989).

Thus far in this chapter, we have considered a number of ways in which changes in the family affect the adolescent. Now, let's look at how the changing adolescent affects the family.

## THE CHANGES BROUGHT ON BY ADOLESCENCE, AND THEIR EFFECTS ON THE FAMILY

### Adolescence as a Stage of Conflict

Adolescents themselves also change in many ways. How much difficulty do these changes cause the family? Many people think of adolescence as a time of storm and stress, rebellion, and conflict with parents. This belief is based mainly on early theories, popularized by G. S. Hall and Sigmund and Anna Freud (see Chapter 2). Anna Freud

A number of researchers have argued that, while on the surface, there have been many changes in the typical American family, it is basically the same as it always was. They cite the very high rate of marriage and a relatively stable birthrate, among other factors, as indicating the hardiness of the primary family unit.

There are many others, politicians as well as scientists, who say that the family today is in serious trouble. There are even those who fervently believe that the family as we know it is *on the way out*. They point to the professionalization of child care, the absence of the mother from the home in the daytime, the epidemic of unwed teen pregnancies, and many other instances as evidence for their standpoint.

Imagine it is 20 years from now, and you are a social scientist who specializes in family study. What do you think you will be finding? Will the family still be intact, or not? What do you think?

(1969) noted that conflict with parents is common among troubled adolescents and concluded that this is a normal and necessary part of adolescence. She believed that the biological changes of puberty set off this conflict. Conflict was needed so that adolescents could become independent from their families. Adolescents who got along well with their parents were thought to be immature.

A different view has been suggested by research with normal adolescents (Douvan & Adelson, 1966; Offer, 1969; Offer & Offer, 1975). The majority of adolescents admire their parents, turn to them for advice, and feel loved by them. Only about 25 percent of families report a lot of parent-child conflict. Most of those families had problems before their children reached adolescence. Parents and teenagers in most families seem to argue about small things, such as chores, curfew hours, keeping one's bedroom clean, clothing, and choice of foods and snacks. Adolescents generally agree with their parents about basic values, such as the importance of education and work. It seems that there is much *continuity*, rather than great change, in parent-child relationships from childhood into adolescence (Rutter, 1987). That is, the relationship continues to be in adolescence, what it was earlier.

Although most parents and adolescents do not fight a lot, there is evidence that conflict increases somewhat in early adolescence for a brief period of time. This increase seems to take place at the time of puberty.

### The Effects of Puberty

Early adolescence is a period of bickering and squabbling in many families (Steinberg, 1981, 1987, 1988). Mothers and sons seem to argue the most. In general, early adolescents express less affection toward parents, spend less time with them, and bicker more when they are together. Arguments generally happen less often toward the end of puberty. These



conflicts support the psychoanalytic belief that the changes of puberty set off conflict. Conflicts are generally small, however, and are not like the storm and stress described by G. S. Hall and Sigmund and Anna Freud. Bickering takes place while adolescents are still quite close to their parents. Some theorists believe that this helps adolescents to make new close friendships outside the family without breaking family ties (Steinberg, 1990).

Petersen (1985), however, believes that puberty is not a direct cause of parent-child conflicts in early adolescence. She points out that other changes, such as a change of school, are taking place in the adolescent's life. When students enter junior high school, they face many new expectations socially and academically. Meeting these new expectations can be stressful for early adolescents who are not ready. During puberty, early adolescents change physically, from looking like children to looking more like adults. Because they look more physically mature, parents, teachers, and other adults may suddenly expect more mature behavior. Petersen (1985) believes that these sudden changes in expectations are confusing for some early adolescents and result in more conflicts with parents. These changes can also be difficult for parents.

## THE IDENTITY CRISIS VERSUS THE MID-LIFE CRISIS

Quite often, parents find themselves undergoing major life changes just at the time that their children are entering adolescence. The typical parents of adolescent children are in their middle adult years. Levinson (1978) has studied the adult development of middle-aged men. He described midlife as a time when men typically look at what they have done with their lives. They begin to face the fact that they may not accomplish all they had hoped. All of their dreams may not be met and at the same time, they are dealing with some loss of physical strength. Evaluating one's life can cause feelings of anxiety, known as the **mid-life transition**. In recent research, Levinson and his colleagues (in press) are finding that much the same kinds of crises occur in middle-aged women's lives, although not necessarily at the same ages. How does the life stage of the parent fit with the life stage of the adolescent?

At the same time that adolescents are growing rapidly and maturing sexually, their parents are beginning to feel concerned about their own physical health, attractiveness, and sexual appeal. While adolescents feel that their whole lives are ahead of them, parents are aware that the time left is limited. Teens are beginning to date and to think about the choice of a career. Their parents made these choices years earlier, and must deal with the disappointment so many middle-aged people feel. The net result is: parents with adolescent children report less satisfaction with their marriages than parents of younger or older children. This is bound to affect most families negatively. In many families, it causes a time of crisis—in fact, a clash between two crises—the identity crisis of the children and the mid-life crisis of the parents! It does not always happen, but often enough to be a definite cause for concern.

Adolescent children also bring expenses to the family. They are dying for certain clothing and stereo equipment at the same time that many parents are trying to save for their college education. Middle-aged parents may also be caught between the needs of two



## THE ROLE OF FAMILY THERAPY

Perhaps the biggest problem with the clash between the adolescent identity crisis and the adult mid-life crisis is that, typically, none of the parties involved is aware that this discord is taking place. Even when the parents are aware that their teenagers are struggling to define themselves, the children seldom realize it. And most adults cannot discern that they, too, are enduring a significant re-examination of their own lives until they nearly complete it.

That is why in virtually every case of a need for adolescent psychotherapy, the entire family must be involved. This approach is known as **family therapy** (as opposed to psychoanalytic or behavioral therapy, for instance). Sometimes those working with teens can help them and their parents understand the volcanic forces that are feeding their interpersonal struggles. In most cases where the conflict is serious and/or of long duration, a family therapist will be needed to help all the members recognize their roles in the problem.

generations—those of their adolescent children and those of their own elderly parents. Aging parents may need financial help, as well as support and attention, from their middle-aged children, just at the time that youthful children want and need more attention.

Recent research (Koski & Steinberg, 1990; Silverberg & Steinberg, 1987) suggests ways in which parents' mid-life concerns and the development changes of adolescence interact. Silverberg and Steinberg (1987), for example, suggested that when young adolescents question their parents' values and rules as part of the process of "individuation" (see Chapter 6), parents may also begin to question themselves. Parents of early adolescents often report higher levels of stress. As adolescents begin to challenge parental authority, parents may feel less comfortable and less adequate in the parental role. Silverberg and Steinberg (1987) found that parents' midlife concerns were most affected by the growing independence of the same-sex adolescent. That is, fathers were most affected by the increasing emotional autonomy of their sons and mothers were most affected by the increasing emotional autonomy of daughters. Mothers, but not fathers, reported lower levels of life satisfaction when their sons and daughters challenged parental authority.

Koski and Steinberg (1990) found that mothers who are experiencing many mid-life concerns are likely to be unhappy in their role as parent. High levels of mid-life concerns may reduce the amount of time and energy a parent has to deal with the challenges of an adolescent child, and increase feelings of inadequacy as a parent. It seems, however, that a good marital relationship can contribute to satisfaction in parenting, even when mid-life concerns are high.

It is clear that parents and adolescent children view their lives from different points in time. Those differences can cause conflicts. At best, they require adjustment and understanding between generations.

## NEW MODELS OF PARENT-ADOLESCENT RELATIONSHIPS

As research with normal adolescents suggests that traditional views of parent-child relationships as full of storm and stress are not correct, theorists and researchers have turned to new models. These models view healthy adolescents as staying close to their parents and becoming independent at the same time. How is this possible?

One growing model of adolescent-parent relationships is that of **interdependence theory** (Grotevant & Cooper, 1986; Smollar & Youniss, 1989). According to this view, the relationship between parents and adolescent children is constantly changing. During childhood, parents have most of the control in family decisions. Typically, for example, the parent decides what time the child should go to bed. During adolescence, parents give their children more freedom and let them have more to say about decisions. The typical teen might discuss bedtime hours and curfews with parents, and together they come to a decision. Older adolescents continue to seek their parents' advice and respect their views. At the same time, they have more freedom to make choices and to participate in making decisions. Older adolescents come to understand their parents, not as all-knowing persons, but as separate individuals with both positive and negative qualities. This change in the parent-child relationship helps adolescents to become independent of, yet continue to feel connected to, their families.

Another new model is **attachment theory** (Ainsworth & others, 1978; Bowlby, 1969). This theory has been popular in helping psychologists, educators, and other scientists understand parent-child relationships during early childhood. According to this view, a trusting relationship with one's parent or caretaker gives the child feelings of security and self-confidence. Parents who are sensitive, warm, and responsive to their young children and who support their independence, help them develop secure attachments. In this model, independence results from closeness and secure attachment.

The child feels confident in leaving the parent to learn about the world. She knows that she can depend upon her parents to be there to give help when it is needed. Through her experiences, the child learns more about the world and other people. She becomes more socially competent (see Chapter 6). If the child does not have a trusting or secure attachment to the parent, he will be anxious. He will stay near the parent rather than "explore the world," and will be less socially competent.

In the last ten years, theorists and researchers have begun to think about how attachment works in adolescence. When teens develop more friends outside of the family, they do not cut themselves off from their families. Their ties to parents do not make them dependent. For example, when adolescents feel that their parents believe in them and will help them out if they need it, they may be willing to try new activities. Research indicates that adolescents with secure parental attachment have higher self-esteem and are more socially competent than those with insecure attachments (Armsden & Greenberg, 1987; Kenny, 1987; Kenny & Donaldson, 1991; Kobak & Sceery, 1988). Adolescents who feel detached from parents, also feel rejected and lack self-confidence (Ryan & Lynch, 1989).

Many social scientists and family therapists view the family as a system. **Systems theory** views the family as a whole, not just as a group of individuals. When something happens to one person within the family, it affects all the family. When parents argue, for example, their anger affects every child.

Studying family systems has helped us to learn how families adjust to change. Family therapists, such as Minuchin (1974) and Haley (1980), use that knowledge in helping troubled families. Minuchin believes that families need to fill two human needs—the need to belong and the need to be separate. That is, families should help children feel that they are accepted and loved. Families also need to allow children to feel separate or different. All family members should not, for example, be expected to have the same ideas.

Families that do not provide a sense of belonging are called “disengaged.” A **disengaged family**, for example, is not concerned about how one of the children is doing in school. The child may react by dropping out of school. A disengaged family provides freedom, but fails to provide feelings of belonging. Families that don’t allow children to be separate enough are called “enmeshed.” An **enmeshed family**, for example, does not allow members to speak for themselves (family members are always interrupting to explain what the others mean). The adolescent in an enmeshed family may not learn to take responsibility for his actions.

Family systems feel a lot of pressure from changes that are taking place within and without. Outside pressures come from schools, jobs, and the community. Inside pressures come from changes in family members. Adolescents put a lot of strain on the family system. They bring new styles of dress and ideas into the family. They make many new friends, with whom they spend more time than with other family members. They may ask for help from parents one minute and reject that advice the next.

Minuchin believes that families need to be flexible to adjust to these changes. Problems in adolescence result when families do not adjust to meet the adolescent’s need for independence. For instance, when an enmeshed family does not allow an adolescent girl to have her own ideas or to express her feelings, she may develop an eating disorder (see Chapter 11). When the family reacts to the adolescent’s need for independence by giving up all control, the youth may not feel her family cares, and when she needs support, will not go to them. She may also become depressed or act in antisocial (delinquent) ways.

## PARENTING STYLES

### Baumrind’s Model of Parenting

Psychologists have also been concerned with what kind of parenting style is best for adolescents. Most have acknowledged three distinctly different styles. Some parents employ an **authoritarian style**. They respond to their teenager’s challenges by becoming more strict. They feel that if they clamp down right away, their teen will come home on time, keep their room clean, and dress neatly. Other parents follow a **permissive style**. They







Authoritative parents explain rules and share their reasoning. Adolescents of authoritative parents generally show high levels of responsibility and self-confidence.

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decide to give their adolescent children lots of freedom and hope they will do what is best. A third group, the **authoritative style**, includes the majority of parents and tries to steer some course between these two. Baumrind (1971, 1989, 1991) has studied children from early childhood through adolescence to find out the effects of these three different parenting styles.

The three parenting styles differ along two dimensions: *responsiveness* and *demandingness*. Responsiveness, including warmth and encouragement of independence, was mentioned as important in our earlier discussion of interdependence and attachment. Healthy families were described as providing warmth and closeness, yet allowing individuals to express their opinions and become independent. Baumrind's model adds the dimension of demandingness. Demanding parents set high expectations and standards and supervise the activities of their adolescent.

- *Authoritarian parents* seek to control their children through rules. They use rewards and punishment to make their children follow the rules. They give orders and are not likely to explain them. Authoritarian parents are demanding, but not warm. They give their children little autonomy.
- *Permissive parents* have little or no control over their children and have few methods of discipline. Permissive parents usually give their children too much autonomy. Some permissive parents choose this style because they believe children should have

a lot of freedom and not be controlled by adults. These parents are called **permissive-indulgent**. They are responsive, but not demanding. Other parents are permissive because they are just too tired or stressed to enforce rules. These parents are called *neglectful*, or **permissive-indifferent**. They are neither responsive, nor demanding. Some authors (Maccoby & Martin, 1983; Lamborn & others, 1991) argue that combining both indulgent and indifferent styles in the permissive category overlooks important reasons for being permissive, and that we need to think about indulgent-permissive and indifferent-permissive as separate parenting styles.

- *Authoritative parents* are supportive, make their standards known, value self-control, and provide explanations for rules to their children. They believe that both parents and children have rights, but the parent has the final say in decision making. Authoritative parents are high in responsiveness and demandingness.

According to the research of Baumrind (1971, 1989, 1991), authoritative parenting is most likely to produce a healthy child and adolescent. Parental responsiveness seems to develop social skills and a strong self-concept. Demandingness helps children to develop self-control and to be more cooperative with others (Maccoby & Martin, 1983). Baumrind (1991) found that the adolescent children of parents who were demanding had few behavior problems and were not likely to use drugs. Adolescents whose parents used reason to influence their behavior and who supervised their life-style, health, friends, and school life were more competent and had higher self-esteem than adolescents whose parents used authoritarian methods of behavior control. Explaining rules is particularly important in parenting adolescents (Baumrind, 1968). Their cognitive development helps them to better understand their parents' reasoning. Low self-confidence and a lack of responsibility have been found among adolescents when their parents refuse to reason with them.

In a recent study of more than 4,000 adolescents between the ages of 14 and 18, Lamborn and associates (1991) found that adolescents who describe their parents as authoritative are more socially competent and better adjusted psychologically than other adolescents. Adolescents who describe their parents as authoritarian are likely to obey rules and keep out of trouble, but have less self-confidence than other adolescents. This study suggests that distinguishing between indulgent and indifferent parenting styles is important. Adolescents from indulgent homes are likely to have positive self-concepts, but may not do well academically or may get in trouble for misbehavior at school. Adolescents who described their parents as neglectful scored lowest on measures of self-esteem, social competence, and problem behavior.

## Nurturant Parenting

An additional parenting style has been discovered recently in a study of 56 families in which at least one of the adolescents was highly creative (Dacey, 1989; Dacey & Packer, 1992). He and his research team labeled this parenting method the **nurturant style**. Parents in these families are devotedly interested in their children's behavior, but make few or no rules to govern it. Instead they involve their children in family discussions

about values, and model the behavior they value. They make it clear that they expect their children to make their own decisions based on those values. Obviously this style is quite time-consuming: lengthy discussions and “practicing what you preach” demand a lot of energy, and so this style is not for everyone. After the children make decisions, nurturant parents give them feedback about what was done. Even when they disapprove, they rarely punish. Most of the teens in the study said that their parents’ disappointment in them is enough to change their behavior.

In addition to helping children to form values, nurturant parenting also helps children to develop other qualities, such as a greater ability to take risks, to solve problems, to wait for rewards, and to be free of sex-role expectations. These qualities help the children make sound, insightful decisions.

The success of nurturant parenting is based on a well-established principle: *people get better at what they practice*. These parents give their children many chances to practice making decisions, self-control, and creative thinking. They “serve as caring coaches as their children learn how to live.”

## CULTURAL DIVERSITY AND THE FAMILY

Many of our views of the family, of how it has changed and of how it is supposed to be, come from research on white American middle-class families. Social scientists know much less about ethnic families of color, such as African-American, Native American, Latino and Asian-American families. When research has been done with families of color, the research methods used have limited what we have learned. One research method has been to compare families of color with white families. When the research showed that ethnic families differed from white families, the differences were described as deficiencies in the ethnic families. Many social scientists now recognize the need to learn more about the cultural traditions of ethnic minorities.

We know that there are many differences within and between ethnic family groups. Obviously, not all African-American families or Asian-American families are the same, for example. Harrison and associates (1984, 1990), however, point out several ways in which most families of color differ from the average white American family. Some of these differences have developed as ways of surviving economically and raising children under conditions of poverty and discrimination. The **extended family**, for example, is generally important in families of color (Wilson, 1989). Family members see each other often and depend upon each other for help. It is not unusual, for example, for an African-American adolescent to go live with another relative when the family is having problems (Allen & Majidi-Ahi, 1989). While this would be unusual in many white families, the extended family of color has learned to cope by sharing housing, household tasks, and child care. Friends of the family may also be an important source of help. These friends are not blood relatives, but are treated like close family. Native Americans may think of the family as including not only the mother, father, and grandparents, but the community or even the entire tribe as well.





Extended family members are often an important source of support within ethnic families.

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Among families of color, social roles are often more flexible. Older siblings, for example, often help to parent or take care of younger siblings, while several adult family members, such as parents, aunts, and uncles, share the responsibility for financial support. In addition, families of color are often bicultural or demonstrate a knowledge and understanding of both the majority culture and their own ethnic culture. They teach their children the values, customs, and rules of social interaction of their own culture, as well as the values and rules of the majority. They want their children to be successful in society, while being proud of their own racial background. According to the family value system, the well-being of the group (family and others of the same racial background) may be more important than the achievements of any individual family member. Harrison and associates (1990) call this the **ancestral worldview**. In comparison with the American emphasis on individualism, many ethnic minorities feel that loyalty to their own group is more important than individual achievement. Interdependence, or being able to help out others of the same ethnic/racial background, is valued more than personal advancement. The religious practices of Buddhism and Confucianism, as well as many Latino religious ceremonies, emphasize harmony and group loyalty. The church has also been an important source of comfort and support that has helped African-American families unite and survive during hard times.

Theories developed in white American and European cultures cannot be used to decide whether an ethnic minority family or adolescent is psychologically healthy. Those theories view adolescence as a time of increasing independence from the family. This value conflicts with the extended family system, where people feel a stronger need to stay near each other rather than to become independent through moving away. Parents from some ethnic groups, such as Puerto Ricans, therefore may not view independence as



## IMMIGRANT VERSUS AMERICAN VALUES

Adolescence can be a particularly difficult time for teens who are living in two cultures. Depending upon how long an Asian-American or Puerto Rican family has lived in the United States, the parents may have rules and expectations for their children that clash with the mainstream culture. Adolescents may not like it, for example, when they are not allowed to go out or stay out as late as other teens. Teens often acculturate more rapidly than their parents and may resent the Old World rules and values. The "Cholo" gangs in southern California have attracted some Mexican-American youth. The gangs offer a quick route to assimilation, separation from the family, and a subculture rich in slang, clothing, nicknames, tattoo and graffiti techniques (Huff, 1990). Cultural values, rather than pubertal development, are the source of conflict between many ethnic minority adolescents and their parents (Inclan & Herron, 1989). Vasquez (1982) found that first- and second-generation Mexican-Americans were more firmly grounded in the Mexican-American culture and were less likely to be delinquent than third-generation adolescents. As adolescents move away from the traditional culture, they are more at-risk for behavioral problems. Table 7.A documents the effects intercultural clashes can have on family life.

Table 7.A

### ASIAN-AMERICAN CULTURAL CLASHES

Traditional Cultural Patterns	vs. Immigration Factors	vs. American Society
Close-knit family with strong father.	Father has to hold down more than one job to support family and is unable to provide the strong influence tradition demands.	More democratic approach to family structure. Mothers work. Increase of single-parent families.
High parental expectations.	Language difficulties; inability to make friends; difference in educational systems.	More tolerance of children who are not high achievers.
Shame associated with having a problem.	Immigration brings many adjustment problems.	More openness regarding problems, and more willingness to seek professional help when necessary.
Pride in one's worth and value to one's self, the family, and the community.	Inability to communicate, obtain a job, achieve a level of academic excellence.	Prejudice, stereotyping, both old and new; exotic, humble, inscrutable, studious, gang member or participant in Tong Wars.

(continued)

## A Multicultural View: (continued)

### Traditional Cultural Patterns

Women are supposed to stay home and raise the children.

Drinking is perceived in many cases as being an acceptable part of family and community life. Alcohol is a part of ritual and festivals.

### vs. Immigration Factors

Women may have to enter job market to help support family.

Increased drinking because of pressure may not be considered a problem.

### vs. American Society

Acceptable for women to enter job market and lead a more independent life-style.

Drinking not perceived as being culturally important.

*From Drugs, Kids and Schools by Diane Jane Tessler. A Good Year Book Copyright © 1980 by Diane Jane Tessler. Reprinted by permission of Scott, Foresman and Company.*

being as important as many whites do. In Puerto Rican farming communities, for example, adolescents must help out with the farming and learn its technology from their parents (Inclan & Herron, 1989). Children have to stay close to their families in order to survive economically. For some ethnic groups, such as Asian-Americans, obedience to parental authority, and respect for elders and traditions means that adolescents remain physically and emotionally close to their parents throughout adolescence and into adulthood (Huang & Ying, 1989). These practices also differ from Western ideas about adolescence and parenting. Some adolescents experience feelings of conflict between parental values and traditions and what is considered the American way.

## TEENAGE PARENTHOOD

The feelings of the unmarried girl experienced in the Applied View on page 229 are all too typical. Children born of these pregnancies have it even harder (Garn & Petzold, 1983). Harvard biological anthropologist Melvin Kohn (1977) sums it up:

*As maternal age drops from age 20, mortality risk for mother and child rise sharply as does the probability of birth defects. Offspring of adolescent mothers, if they survive, are more likely to have impaired intellectual functioning. Poverty, divorce, inept parenting, child neglect, and child abuse are all more frequent in teenage parents (p. 38).*

## Trends in Behavior

The number of live births per 1,000 married and unmarried females in the United States dropped during the 1970s and early 1980s. Recent statistics indicate that the number of pregnant women over 30 climbed during the late 1980s, reflecting the increasing numbers of women who are postponing childbearing to their thirties and even forties (U.S.

## A YOUNG WOMAN'S DILEMMA

"You're pregnant," the doctor said, "and you have some decisions to make. I suggest you don't wait too long to decide what you'll do. It's already been seven weeks, and time is running out!"

"Look, it just can't be true!" I replied. I was trying to convince myself that the clinic doctor was lying. It wasn't supposed to be like this! I was tired of the bitter quarrel I had been having with the doctor. I resented him with every passion. How could I let myself be seen like this?

I had been fearing this answer. I suppose I knew the truth all along, but I really didn't want to face it. I didn't want an abortion, that much I was sure of. Besides, where would I get the money?

For ages now, I had been thinking my period would come any day. Now the truth was in the open! I walked out of the office and headed aimlessly down the street. I looked around and saw only ugliness. I thought about God and how even He had deserted me. It all hurt so much.

"How could this have happened to me?" I thought. "Good girls don't get pregnant!" All of the things my mother had told me were lies. According to her, only the "fast girls get pregnant." The ones who stayed out late and hung around with boys. I wasn't part of that category!

I looked down at my stuffed belly and thought about my family. Would they be understanding? After all, they had plans for my future. They would be destroyed by the news.

"I'm not a tramp," I said to myself. "Then again, I'm only 16 and who would believe that Arthur and I really are in love?"

Written by a 17-year-old single parent

National Center for Health Statistics, 1990). Of concern to public health officials is the large increase in the birthrate among teenagers between 15 and 17 years. Health officials are alarmed because pregnancies among this age group carry increased health risks for both the mother and the child. After declining in the 1970s and 1980s, the birthrate among girls aged 15 to 17 rose by 19 percent between 1986 and 1990 (Bass, 1992). Those trends are clearly shown in Table 7.2.

Several changes in American society can help to explain these trends. First of all, the age at which couples are getting married has increased. More women see higher education and work as a choice to early marriage and have put off marriage until they are in their twenties or older. In 1960, 40 percent of all 19-year-olds had been married, compared to only 14 percent in 1988.

Table 7.2

# BIRTHRATES BY AGE OF MOTHER (PER 1,000 WOMEN) 1960 TO 1988

Age of Mother	Birthrate												
	1960	1965	1970	1975	1979	1980	1981	1982	1983	1984	1985	1986	1988
10-14 years	.8	.8	1.2	1.3	1.2	1.2	1.1	1.1	1.1	1.1	1.2	1.2	1.3
15-19 years	89.1	70.5	68.3	55.6	51.5	52.3	53.0	52.7	52.9	51.7	50.9	51.3	53.6
20-24 years	258.1	195.3	167.8	113.0	109.9	112.8	115.1	111.8	111.3	108.3	107.3	108.9	111.5
25-29 years	197.4	161.6	145.1	108.2	108.5	111.4	112.9	112.0	111.0	108.7	108.3	110.5	113.4
30-34 years	112.7	94.4	73.3	52.3	57.8	60.3	61.9	61.4	64.2	64.6	66.5	66.5	73.7
35-39 years	56.2	46.2	31.7	19.5	19.0	19.5	19.8	20.0	21.1	22.1	22.8	23.9	27.9
40-44 years	15.5	12.8	8.1	4.6	3.9	3.9	3.9	3.8	3.9	3.8	3.9	4.0	4.8
45-49 years	.9	.8	.5	.3	.2	.2	.2	.2	.2	.2	.2	.2	.2

Source: U.S. National Center for Health Statistics, *Vital Statistics of the United States*, 1990.

Sex, marriage, and children are less closely linked than they were 25 years ago. In the past, boys were much more likely to have sex earlier than girls. As the belief that you should wait until marriage has become less common, girls are having sex earlier as well. In 1983, 60 percent of white males had intercourse by age 18, and the same percentage of girls had intercourse by age 19 (Hofferth & Hayes, 1987). According to a 1990 survey by the federal Center for Disease Control, 72 percent of all high school seniors and 40 percent of ninth-graders have had sex (Bass, 1992). As a result, many more teenagers are becoming pregnant outside of marriage. Over one million babies (or one out of every four babies born in the United States) were born to unwed mothers during 1988. That number represents a 51 percent increase from 1980 (National Center for Health Statistics, *The Boston Globe*, August 16, 1990).

Although parenthood among teens in general has not increased, there is today more parenthood among unmarried teens (Furstenberg, 1990). In the 1950s, the teenage marriage was more common, and those who became pregnant were more likely to marry. During the 1980s, two-thirds of all white teen mothers and 92 percent of African-American teen mothers with their first baby were single (Furstenberg, Brooks-Gunn, & Chase-Lansdale, 1989).

As Lancaster and Hamburg (1986) point out,

*Except for the very youngest adolescents, contraception and abortion have lowered the birthrates for adolescents since 1970 to levels that are somewhat lower than those in the 1920s and 1950s. However, the rate of adolescent childbearing outside of marriage has shown steep increases (p. 5).*

What this means is that more and more children are being born without the cultural approval and support that marriage brings. Forty percent of all teenagers who become



pregnant end their pregnancy by abortion (Furstenberg & others, 1989). Whether or not a teenager decides to have her baby depends on many things—her interest in school, the number of her friends who have children, and her family's attitude about keeping the baby all influence her decision. Most teens do not think they are mature enough to marry.

Some point to earlier menstruation as an explanation for these trends; others talk of the crumbling morals of today's youth. We can say that the images of the fast and easy girl and the sex-obsessed boy are surely false (Elster & Lamb, 1986; Herz & Reis, 1987; Kinard & Reinherz, 1987; Klein & Cordell, 1987; Stiffman & others, 1987). That unmarried parents are usually from the lower socioeconomic class and from one-parent families are also untrue generalizations.

## Attitudes toward the Risk of Becoming Pregnant

Most teens do not plan to become sexually active. They describe it as something that just "happened" to them (Chilman, 1983). Brooks-Gunn and Furstenberg (1989) discussed five factors that they believe influence when a teen becomes sexually active, and thus increases the risk of becoming pregnant.

- *Biological changes.* Hormonal changes increase teenagers interest in sex. The timing of puberty also affects the amount of freedom a teen is allowed. Girls who mature early are likely to be given more freedom by their parents in setting curfews and choosing friends than are less mature girls. They are also more likely to choose older friends, who are more likely to drink, smoke, and be sexually active (see Chapter 3).

The American Academy of Pediatrics Committee on Adolescence has learned that the fertility rate among girls under 15 years of age has been rising rapidly. Improved nutrition and health care have also contributed to an increase in the potential for young girls to become pregnant (Waltz & Benjamin, 1980).

- *Parental influences.* Teenagers who feel close to their parents and feel they can talk with their parents are less likely to be sexually active in their teens. Sexual activity is also less likely to take place when teenage activities are supervised by parents.
- *Peer influences.* Whether or not a teen's friends are sexually active makes a big difference in whether that teen becomes sexually active. Adolescents are more likely to have sex when it is the thing to do among their friends. Teenagers who begin dating early are more likely to become pregnant.
- *Academic influences.* Adolescents who are not doing well in school and who do not plan to continue their education are also more likely to get pregnant. It is not clear whether teenage mothers drop out of school because they become pregnant or whether they become pregnant because they are disinterested in school.
- *Cognitive influences.* Reasoning ability may influence whether a teen becomes sexually active and/or becomes pregnant. When compared with adolescents in England, Sweden, and Australia, teenagers in North America show less understanding of where babies come from (Goldman & Goldman, 1982). This may be because there is less sex education in schools in the United States.

- *Moral reasoning ability.* Differences in moral reasoning may also contribute, especially in the case of male irresponsibility. Herz and Reis (1987), who studied 251 seventh- and eighth-grade, African-American inner-city teens, summarize the situation:

*Young men may not be able to perceive a cause-and-effect relationship between their interests in sex, their sexual behavior, and the occurrence of pregnancy, retaining instead an egocentric, childlike belief that they will not be held accountable for what they do (p. 375).*

They are not able to assume mature reasoning in this case. These authors conclude that there is “a clear need for more factual and practical information on the processes of conception and contraception, as well as decision-making and moral-reasoning skill development” (p. 372).

In an ongoing study of 293 racially diverse adolescent girls ages 14 to 19, Adler (1991) identified self-esteem and academic plans as factors influencing girls attitudes towards pregnancy. Girls with higher self-esteem and the intention of continuing their education placed less value on having a baby and were less likely to expect that they would become pregnant in the next year than girls with low self-esteem and no school plans.

Williams and Kornblum (1985) studied over 900 teens who were growing up in poverty in cities and rural areas throughout the United States. According to their interviews, another cause of pregnancy has to do with the opportunities in a teenager's life. When girls are not doing well in school and see little other hope for their future, motherhood can offer an escape from school. Being a mother is an identity for a girl who sees herself going nowhere in life. Having a child can be viewed as a symbol of maturity and as a source of affection and love.

The Children's Defense Fund (1987), a national organization that is working to prevent teenage pregnancy, believes that teens need hope, strong self-esteem, and a sense of positive options for their future. Teenagers need to believe that there are better choices for their future. They need to be helped in developing school and work skills. They need to be offered opportunities for success outside of school. The Children's Defense Fund believes that when more teenagers have hope and vision for their futures, teenage pregnancy will decline.

Finally, in their review of the research, Crockett and associates (1986) concluded that we still have much to learn about the causes of teen pregnancy:

*Pubertal change and the development of reproductive potential involve several inter-related processes. More importantly, we must attend to the meaning of these changes to girls. Because in our society we have no puberty rites or clear transitional rituals based on maturational status, this change becomes more individually integrated (p. 170) [see Chapters 8 and 14].*

Because we do not teach adolescents, especially girls, society's expectations (either in school or elsewhere), young teens react to puberty, make sexual decisions, and become pregnant on a purely personal basis. There is no one “type” who becomes premaritally pregnant during adolescence. All suffer from a lack of knowledge that is probably the major culprit.

## Attitudes toward Family Planning

American teenagers do not appear to be more sexually active than teenagers in some Western European countries (Brooks-Gunn & Furstenberg, 1989). Their greater rate of pregnancy is due partly to less use of contraceptives by American teenagers than by teens in Western European countries.

About one-half of American teenagers do not use birth control the first time they have sex. They say that this is because they do not plan to have sex, do not think about using birth control, do not have a method of birth control, and/or think that pregnancy is impossible (Zelnick & Shah, 1983).

Half of all first pregnancies happen within six months after sexual activity begins. Many teens do not use birth control after their first sexual experience. It seems that many of the factors that influence whether or not teens use birth control are the same as those that influence sexual activity. Teens who do not get along with their parents, who are not doing well in school, and whose friends are teenage parents, are less likely to use birth control methods. Unclear understanding about how and when you can become pregnant also results in poor use of birth control. Whether or not a girl has a steady boyfriend and how often she has sex also affects whether she uses birth control. For some adolescent girls, it takes time to admit to themselves that they are sexually active. Having been taught that "good girls don't," going to a doctor or a family planning clinic for birth control can be uncomfortable and create emotional conflict. She has to admit that she *plans* to have sex (Children's Defense Fund, 1987).

Most of what we know about teenagers' attitudes about birth control was learned from teenage girls. Unfortunately, we know very little about boys' attitudes. This is particularly unfortunate, because 40 percent of teenage girls rely on their male partners to provide birth control (Brooks-Gunn & Furstenberg, 1989).

## The Consequences of Teenage Pregnancy

While young teenagers may become pregnant because they see little hope for their future or believe that having a baby will make them feel more mature, important, or needed, the realities of motherhood limit their opportunities even further. Teenage mothers are more likely to drop out of high school. Because of their limited education, they will have more difficulty finding work and are more likely to need public assistance. They are also less likely to get married. Many young mothers know very little about how to care for a new baby. They find that an infant needs a lot of time and attention. The teen who no longer goes to school may see little of her friends. In addition, she may have little money to care for her new baby. As a result, the adolescent mother may feel lonely, with little control over her life.

Some teenage mothers never break out of the cycle of poverty. Furstenberg found, however, that the lives of many teenage mothers do improve during their twenties and thirties. Those who have few additional children, who return to school, and who later marry and stay married are better off financially. The children of these women also do better in school and are less likely to have behavior problems than the children of teenage mothers who continued to have children and did not return to school (Furstenberg & others, 1989).

## THE TIMING OF EDUCATION IN PARENTING

It is a well-established fact that those in the middle of a crisis are least able to think of the best ways of handling that crisis. For example, it is usually recommended that sex education be started before adolescence, because it is often threatening and therefore blocked out by the young teens who need this instruction most. The same may be said about parenthood when you have just become a parent.'

Therefore, adolescence is an ideal time to teach youth about parenting styles. Older teens are usually quite interested in the subject, but are far enough from it so they can discuss it with some objectivity. Discussion is the key: those who work with adolescents should set up opportunities for them to openly discuss their attitudes toward each of the four parenting styles discussed in this section. Discussion will not only help adolescents to understand better what is going on in their families but will also help prepare them for making reasoned choices about the way they are going to raise their own children.



This young woman is quickly learning that the reality of caring for her baby is quite different from what she had expected.

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As you can easily see, many of the problems of unwed teenage pregnancy are associated with socioeconomic class—most of the time, it is harder for the poor. Separating socioeconomic class from race is not always an easy matter. In the next section, we look at the effects of race, but you should remember that the two are closely related.

## Racial Differences in Teenage Pregnancy

Many studies have shown that there are distinct differences among racial and ethnic groups of teenagers in sexual behavior, pregnancy, and the outcomes of such pregnancies (Chilman, 1985; Brooks-Gunn & Furstenberg, 1986). As Table 7.3 shows, African-American teenagers are more likely to give birth, and they have larger families than whites.

Table 7.3

### BIRTHRATE BY RACE

Live-Birth Order	White					Black				
	1960	1970	1980	1984	1985	1960	1970	1980	1984	1985
<i>Total</i>	<i>113.2</i>	<i>84.1</i>	<i>64.7</i>	<i>62.2</i>	<i>63.0</i>	<i>153.5</i>	<i>115.4</i>	<i>88.1</i>	<i>81.4</i>	<i>82.2</i>
First birth	30.8	32.9	28.4	26.4	26.5	33.6	43.3	35.2	32.2	32.4
Second birth	29.2	23.7	21.0	21.1	21.4	29.3	27.1	25.7	24.1	24.5
Third birth	22.7	13.3	9.5	9.4	9.7	24.0	16.1	14.5	13.7	13.9
Fourth birth	14.1	6.8	3.4	3.2	3.3	18.6	10.0	6.7	6.3	6.3
Fifth birth	7.5	3.4	1.3	1.1	1.1	14.1	6.4	3.0	2.7	2.7
Sixth and seventh	6.1	2.7	.8	.7	.7	18.4	7.0	2.1	1.8	1.8
Eighth and over	2.8	1.2	.3	.2	.2	15.6	5.6	.9	.6	.6

Source: U.S. National Center for Health Statistics, *Vital Statistics of the United States*, 1989.

Note: Includes other races not shown separately.

African-American teenagers begin sexual experimentation and experience their first pregnancy at an earlier age than do white teenagers (Cummings, 1983; Herz & Reis, 1987; Moore, 1985; Zelnick & Kantner, 1980). Recent statistics indicate that among African-Americans nearly two out of every three births are to single women, compared with one out of five among whites, and one out of three among Latinos. In recent years, however, birthrates among unmarried women have been rising fastest among white women (National Center for Health Statistics, 1990).

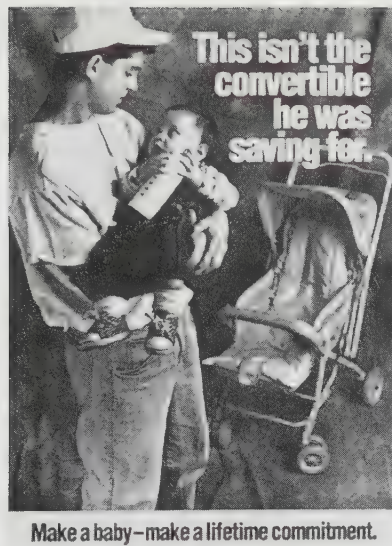
Cummings (1983) analyzed data on 3,568 white, 969 African-American, and 524 Mexican-American women attending a planned parenthood clinic. Most subjects were age 14 to 24 years, and most sought counseling for an unplanned pregnancy. There were distinct differences in marital status among the groups. The largest percentage of married clients were Mexican-American. African-Americans and Mexican-Americans decided to give birth to their unplanned child more often than whites.

Statistical differences between racial and ethnic groups of teenagers in pregnancy and sexual behavior reflect, in part, different values concerning parenting and family. Thompson (1980), for example, compared whites and African-Americans on their beliefs, perceptions, and decisions related to having children. African-American teenagers, both male and female, felt more strongly that having children promotes greater marital success, approval from others, and personal security. They also expressed stronger beliefs that couples should have as many children as they wish. Adler (1991) reported that African-American teenage girls are more likely than white girls to think that something good will result from having a baby.

Gabriel and McAnarney (1983) compared the decision about parenthood in two groups in Rochester, New York: 17 African-American, low-income adolescents (age 15 to 18 years) and 53 white, middle-class adult couples. Their observations showed that the decision to become parents was related to different subcultural values. In contrast to the white adults, the African-American adolescents did not see marriage as a prerequisite for motherhood, nor did they view completion of schooling and economic independence as phases of maturation that should precede parenthood. Instead, they expected that becoming mothers would help them to achieve maturation and acceptance as adults. Health-care programs that encourage birth control to avoid "unwanted pregnancies" may be ineffective because they do not address the needs of African-American clients in terms of the values of their own subculture.

In other research, Brown (1983) studied 36 African-American adolescent, unwed expectant couples (females, age 12 to 17 years; males, age 16 to 21 years) to assess the quality of their commitment and concerns as couples. It was found that fathers were primarily concerned with financial responsibilities to the child, parenting skills, continued schooling, problems with the girl's parents, and their own future. These results contradict the popular notion that unwed black fathers exploit their female partners.

In making sense of these statistics, try to sort out ethnic values from socioeconomic factors. Poor teens, whether African-American, Asian-American, Native American, white, or Latino, are three to four times as likely to become unwed teens than economically advantaged teens (Children's Defense Fund, 1987). The higher rates of teenage parenthood among economically disadvantaged youth are understandable. Teens who are behind in school, who lack basic skills, and who see few opportunities for their future are more likely to become parents as teenagers. Lacking educational and job opportunities, parenting may be one of the few available ways of achieving adult status. Unfortunately, becoming pregnant as teenagers often makes their lives and the lives of their young children very difficult. In order to solve the problem of teenage parenthood, we have to solve problems of education and job opportunities for all teenagers, regardless of race. We must also consider ways to help teenage mothers provide their babies with the needed emotional, intellectual, and physical care, while also enabling the mothers to continue their education. These factors, as you will recall from our discussion of the consequences of teenage pregnancy, often make a difference in the futures of the mothers and their children. Support from family members, as we will discuss in the next section, can also help.



As this poster indicates, so graphically, young men often fail to be concerned about the likely results of their sexual activity.

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In summary, one note of caution: in an extensive review of the literature on adolescent pregnancy, McKenry and colleagues (1979) made an important point about racial difference. They found that while studies of low-income nonwhite girls tended to focus on social factors, studies of white middle-class girls tended to search for psychological explanations for the pregnancies and their outcomes. It is important to remember that while racial and social class differences have been reported in the research, some of these differences may have more to do with the researchers than with the teenagers themselves.

## The Role of the Family in Teenage Pregnancy

The amount of support a teen mother receives from her family can make a difference in how well she adjusts to motherhood. Teenage mothers who feel they receive emotional support from their families are often better mothers. They are more loving with their own infants (Colletta, 1981), are less likely to be anxious or depressed (Barrera, 1981), and are happier with their lives (Unger & Wandersman, 1988). Family members can provide guidance on how to care for a child, can actually take care of the child for part of the time, and can help to pay for the costs of raising a child. When this happens, the adolescent mother is more likely to finish high school, to get a job, and to stay off welfare (Furstenberg & Crawford, 1978). Teenage mothers are most likely to turn to their own mothers for help. Older sisters, grandmothers, and aunts are other important sources of support.

## DO PARENTS REALLY CARE?

There is some doubt that communication in and of itself makes much difference. On the basis of their study of 287 African-American and white teens, Moore and colleagues (1986) concluded that

*most parents do not want to get directly involved and, certainly, most teenagers are reluctant to encourage involvement. . . . [Most parents] are relieved to discover that their teenagers are obtaining contraception. Beyond that, it seems that most are either willing or prefer to respect the adolescent's privacy (p. 241).*

Think of your own parents. Imagine that you are a teenager contemplating becoming sexually active. Would you engage one or both of them in a discussion about the appropriate decision to make? If not, what are the reasons you would not?

## TALKING TO TEENS ABOUT PREGNANCY

Teenage sexual behavior is a touchy topic, so few teens or adults talk about it. Nurses, teachers, and counselors frequently have opportunities for helping teens to clarify their attitudes toward pregnancy, whether they are currently involved with a pregnancy or not. For a number of reasons, these conversations seldom take place, however.

Sometimes those who work with teens feel that discussing pregnancy with them means pushing their own values on them. Others feel that this subject is very delicate, and should not be discussed outside the church or home. Others refrain from discussing it because they feel like they just don't know enough (readers of this book, of course, will not have to be concerned about this problem!) It does seem reasonable to make sure that teens have the *objective facts* about pregnancy and its repercussions for baby, mother, and father. Does this make sense to you?

Rosen (1980) examined the extent to which teenagers involve their parents in decision making in resolving unwanted conceptions. Data were obtained from a questionnaire given to 432 unmarried 12- to 17-year-olds with unwanted conceptions. Although few subjects consulted their parents when they first thought they might be pregnant, more than half did involve their mothers in deciding what to do about the pregnancy. The findings indicate that there may be less of a generation gap between parents and teenagers than is often supposed.



## CONCLUSIONS

Today, American families are smaller, serve fewer functions, and are less stable than they were 100 years ago, when most families lived on farms. Since the middle of the nineteenth century, large extended families have been replaced by smaller nuclear families. Whereas children used to be an economic asset to the family, they are now a financial burden for an ever-lengthening period. Other changes include fewer adult models, the increase in age-related activities, the effects of divorce on all members of the family, the special problems of the growing number of stepfamilies, and the effects of the parents' work roles. Nevertheless, most of us are still raised by our families, even though those families are different in many ways from the families of 100 years ago. In spite of social change, the majority of adolescents adjust well, continue to feel close to their parents, and turn to them as a source of advice and support.

Adolescence has long been thought of as a stage of emotional conflict, largely brought on by the hormonal changes of puberty. The internal conflicts were seen as naturally disrupting family life. Now we believe that adolescents are no more conflicted than other age group members. Some of the external transitions of adolescence, like changing schools, can cause disruption for early adolescents. Another particular difficulty is that while teens struggle to deal with pubertal change, their parents are often enduring mid-life changes that are at least as disruptive. Conflicts between adolescents' search for identity and their parents' mid-life adjustments can cause family strife.

Social scientists have identified three parenting styles, known as "permissive," "authoritarian" and "authoritative." Permissive parents may be either "indulgent" or "indifferent." It is suggested in this book that another style should be added to this list—that of the "nurturant" parent.

The growing number of members of minority cultures in the United States is changing the way we view the family. The extended family, role flexibility, and an ancestral worldview have helped many ethnic and racial minority families to survive difficult economic times.

Teenagers are getting pregnant and giving birth at an earlier age than before, although the total numbers for adolescents are dropping. There are many problems—physical, psychological, economic, social—inherent in teenage parenthood. A number of educators and other leaders are arguing that we must do something to change this often heartbreaking situation.

Just as the family is in a state of flux, so are teen peer relations. In the next chapter, we investigate the changing nature of adolescent social relations.

## CHAPTER HIGHLIGHTS

### The Changes in the American Family

- The modern American family is seen as having lost five of its original six functions—economic, educational, religious, recreational, and medical functions are provided mostly by professionals in the community.
- Other factors affecting the modern family are the increase in peer activities, the rate of divorce, the stress of stepfamilies, minority status, and parents' work roles (especially the change in the mother's). While these factors often add stress to family life, they can also benefit the developing adolescent.

## The Changing Adolescent and Parent

- Changes that the adolescent brings to the family include pubertal changes and the search for identity.
- Many parents are dealing with mid-life concerns as a child enters adolescence. This requires adjustment between the generations and sometimes contributes to conflict.
- The majority of adolescents feel close to their parents. Several models of adolescent development were presented which explain how adolescents can gain independence, while remaining close to parents.

## Parenting Styles

- Baumrind has described three parenting styles. Adolescents who were raised by authoritative parents seem to have few behavior problems and resist drug use.
- Another parenting style, nurturant parenting, should be added to permissive (indulgent and indifferent), authoritarian, and authoritative styles as ways in which children are raised.

## Cultural Diversity

- Families of diverse ethnic and racial groups often differ from the typical white middle-class family. Reliance upon extended family members, flexibility in family roles, and bicultural socialization are several of the characteristics that have helped the African-American family survive economic hardship.

## Teenage Parenthood

- Teenage pregnancy and parenthood are on the rise, especially among younger teens. With rare exceptions, this situation causes a lot of heartache for teen parents, their parents, and their child.
- Teenage mothers who receive emotional support from their families, who continue in school, and who have no additional children while they are still teenagers are likely to have better adjusted children and avoid the cycle of poverty.
- When teens possess strong self-esteem, feelings of hope concerning the future, and job and academic skills for entry into the job market, they are less likely to become teenage parents.

## KEY TERMS

Ancestral worldview 226  
Attachment theory 220  
Authoritarian parenting style 221  
Authoritative parenting style 223  
Disengaged family 221

Ecological theory 208  
Enmeshed family 221  
Extended family 208, 225  
Family therapy 219  
Interdependence theory 220  
Mid-life transition 218  
Nurturant parenting style 224

Permissive parenting style 221  
Permissive-indifferent parenting style 224  
Permissive-indulgent parenting style 224  
Social capital 209  
Systems theory 221

## WHAT DO YOU THINK?

1. As most of us would agree, the family is quite different today from its nineteenth-century counterpart. Which would you say better fulfills society's needs: the typical family of the 1890s or the typical family of the 1990s?
2. In what ways is your nuclear and extended family different from your mother's or your father's?
3. Do the families of minority teens differ all that much from those of the white majority?
4. If you think the answer to question 3 is yes, are the differences due to race, socioeconomic status, or something else?
5. What are some ways that parents and teens can improve their communications?
6. What is your attitude toward family planning? Which parts of your attitude are simply matters of personal preference, and which parts do you think should be matters of universal agreement?

## SUGGESTED READINGS

- Auel, J. (1981). *Clan of the cave bear*. New York: Bantam. Auel's wonderful imagination and excellent knowledge of anthropology make this book on the beginnings of the human family a winner. In fast-paced fiction, she describes the relationships between two types of primitive peoples—those who communicate by voice and those who do so with their hands!
- Guest, J. (1993). *Ordinary people*. New York: Viking Penguin. A story of family life and how family members contribute to and respond to the mental illness of their teenage son.
- Laurer, R. H., & Laurer, J. C. (1991). *The quest for intimacy*. Dubuque, IA: Brown. The authors of this unusually comprehensive book state that “. . . we believe your personal happiness is crucially tied up with the quality of your intimate relationships. Our purpose is to provide you not only with a basic understanding of marriage and family life, but to show you how you can apply the knowledge you gain and enrich your life” (p. xix).
- McCullers, C. (1946/1985). *The member of the wedding*. New York: Bantam. Twelve-year-old Frankie yearns desperately to join her brother and his bride on their honeymoon. She learns a great deal about the transition from childhood to maturity from the devoted housekeeper.
- Moravia, A. (1958). *Two women*. New York: Farrar, Straus & Giroux. This moving, compassionate tale describes the relationship between a peasant mother and her daughter in war-torn Italy. It involves the struggles of the mother to deal with her adolescent daughter's needs under extremely trying circumstances.
- Steinbeck, J. (1945). *The red pony*. New York: Viking Penguin. A boy has a father who criticizes practically all of his behavior and a hired man who gives support. How does this alternative family meet the boy's needs?
- Walker, A. (1983). *The color purple*. New York: Harcourt, Brace, & Jovanovich. This story of an African-American child's life in the South details many destructive relationships, which fail to kill her faith in life and herself.

c h a p t e r

# 8

Nothing is more important to me than hanging with my friends—  
nothing!

*Bernie Cordts, a ninth-grade student*

## PEER RELATIONS

### Friendships

*The Role of Parents in Peer Relations*  
*Friendship Patterns of Adolescent Girls*  
*"Peer Group Pressure" and Friendship*

### Peer Groups

*Developmental Patterns of Peer Groups*  
*Functions of Peer Groups*  
*Peer Groups and Self-Concept*  
*Structure of Peer Groups*  
*Deviant Behaviors*

### The Adolescent Subculture

*Adolescent Interaction and the Adolescent*  
*Subcultures*

### *The Origins of Subcultures*

*Elements of the Adolescent Subculture*

*Evaluating Interactions in the Classroom*  
*Conclusions*

### Chapter Highlights

*Key Terms*  
*What Do You Think?*  
*Suggested Readings*



Social relations gain increasing importance during the adolescent years. Friendships take on new meaning and the peer group becomes a more important source of influence. Nevertheless, parents and other adults continue to be influential in the lives of adolescents. The value and influence of peer and parental relationships during adolescence has often been debated. Recent research has helped to resolve some of these debates. The importance of parent and peer relationships and the ways in which peer relationships change during the adolescent years will be the focus of this chapter.

When you finish studying this chapter, you should be able to:

- Show how friends become increasingly important as the maturing adolescent begins to move beyond the immediate family.
- Explain why parents remain an important source of influence and support to adolescents.
- Describe the differences in friendship patterns that are characteristic of adolescent girls and adolescent boys.
- List positive influences that the peer group can have on an adolescent's growth.
- Discuss the structure of large peer groups and the subgroups within them.
- List the elements that make up a subculture, and relate these to the subcultures of adolescents in the United States.
- Explain the psychogenic, culture transmission, and behavioristic models of the origins of subcultures.
- Describe the common elements of teenage subcultures.
- Evaluate interactions in the classroom.
- Discuss these issues from an applied, a multicultural, and your own point of view.

## FRIENDSHIPS

### The Role of Parents in Peer Relations

Children depend much more on their parents than on their friends for their emotional needs. In adolescence, however, sexual interests and the need to become an individual distinct from the family strengthens the influence of peers. The young person is now more likely to confide feelings and problems to close friends rather than to parents.

Progressively more time is spent in the company of friends than at home. Many parents find the increasing absences of their child from the home difficult, particularly when dealing with their first child. Young adolescents can be quite discerning about whether or not their parents agree with each other on how to handle an adolescent (Johnson & others, 1991; Steinberg, 1987). Having an adolescent in the house requires that parents grow and change in order to accommodate the changing needs of the teen. Many parents are able to make these adjustments without undue difficulty, and are able to manage the conflicts that occur in this area (Paikoff & Brooks-Gunn, 1991; Steinberg, 1987).



It appears to be a natural tendency for adolescents, as they grow older, to spend more and more time with friends, and less and less with parents. Nevertheless, most teens find that they continue to care very much about their parents' attitudes toward them.

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Older views of this time of transition, especially Erikson's, Anna Freud's and Blos' theories, stress that **emotional separation** from parents should be the adolescent's goal. From these perspectives, identity is formed through detaching emotionally from the family and shifting affection to peers. Within the framework of these principles, an adolescent who is respectful of parents and emotionally attached to them is considered to lack maturity (Baumrind, 1991). Several sociologists and psychologists have criticized this view because it emphasizes the value of separation from others and downplays the need in humans at all stages of life for connectedness and a sense of community (Bellah & others, 1985; Gilligan, 1982; Gilligan & others, 1990; Kenny, 1987, 1990; Kenny & Donaldson, 1991; Lasch, 1979).

An influential contemporary view (LeCroy, 1988) stresses that although the need for **emotional attachment** to family will not be expressed in the same way as it was in childhood, it does continue during adolescence. Although the teenager is ready to give up the dependence of a younger child, it does not necessarily follow that emotional distance from parents or opposition to parental values is healthy. As was discussed in Chapters 6 and 7, interdependence with parents becomes the goal. In support of this view is a study by Ryan and Lynch (1989), which showed that self-confident adolescents have a secure attachment to their parents. These psychologists believe that when adolescents experience their distance from the family as a lack of support and acceptance, they may have unusual difficulty in forming a healthy identity or positive self-esteem.

Another important study (Armsden & others, 1990) examined the attachment to parents and to peers of 43 early adolescents who were in treatment for depression with that of 52 youngsters of the same age who were not in treatment and 12 who were being

treated for other psychiatric disturbances. The results suggest that the depressed adolescents had less secure attachment to a parent or parents, and that those who were most emotionally distant from parents were also the most severely depressed. Those in the depressed group were also less securely attached to peers than those in the control groups, but the researchers mention that this was just as likely to be a result of their depression as it was to be a cause of it. That is, they may have had satisfactory peer relationships that later became damaged as the child became depressed and difficult to live with.

LeCroy's (1988) study of 85 boys and girls in the tenth and twelfth grades (mentioned above) investigated the influence of closeness to parents on the self-esteem of the students and whether or not they indulged in problem behaviors, ranging from skipping school to hitting a parent or using drugs. Every student was asked to rate each of his or her parents on how intimate they were with them. They evaluated the relationship on a scale of 1 to 7 on such statements as, "We want to spend time together; we enjoy the relationship; we love each other." LeCroy found that a healthy attachment to parents was related to high self-esteem and to few or no problem behaviors in these young people, especially if the father was taking an active part as a parent.

Older adolescents continue to be concerned that their parents approve of their choices. A 1986 study (Leslie & others) of 159 students in the junior and sophomore years of college showed that they wanted their parents to approve of the person they were dating. Most of the students had tried to influence their parents to notice the good qualities of their chosen partner, and to like him or her. The more seriously they were involved with their dating partners, the more important it was for them to have their mothers and fathers see him or her in a positive light.

From the research just discussed, (and on the basis of common sense), it is obvious that the presence and support of parents are essential for the adolescent's emotional security and ability to take appropriate steps toward eventual independence in early adulthood. A recent study of 6,000 teenagers from ten different countries (Australia, Bangladesh, Hungary, Israel, Italy, Japan, Taiwan, Turkey, the United States, and West Germany) found that adolescents worldwide usually had great respect for their parents, and wanted to act in ways that would make their parents proud of them (Atkinson, 1989). Teens whose parents are appropriately involved in their lives—available but not intrusive—will most likely have friends and a peer group whose beliefs and activities are in line with values learned in the family. Especially if the parents are authoritative or nurturing (see Chapter 7) rather than authoritarian or permissive, adolescents trust and accept their guidance. Responsiveness, a quality made up of such things as being considerate of the adolescent's feelings, may be the most important factor in helping the young person to choose the right group of peers and friends for themselves.

Teenagers who rely excessively on peers, or who become involved with dangerous agemates, are often suffering from a lack of parental presence, interest, and regard or are dealing with conflicting cues given by parents who frequently disagree with each other. These problems are by no means confined to poor families (Seidman, 1990). Echoing Elkind's 1984 concerns, family researcher Diana Baumrind (1991) states that, in general, social organization in the United States today is "unstable and not adequately protective of youth" (p. 59).



Parents who are experiencing difficulties, such as marital conflict or alcohol abuse may find it hard to be available and responsive to their adolescent children (Bower, 1989; Baumrind, 1991). Adolescents being raised by a struggling single parent often wish they were able to have more adult attention and guidance—a wish, they might be surprised to learn, that is shared by many children of high-powered, successful parents. Adults who are devoting as many as 70 hours a week to a job or career have little time or energy left to invest in their teenage child when they finally arrive at home (Brooks, 1989; Gelman, 1990; Hewlett, 1991; O'Reilly, 1990).

Lack of parental or adult supervision in the after-school hours can have negative effects on adolescent behavior and peer relationships. Young teens who lack adult supervision are more likely to get into trouble. A 1991 study of 206 boys and their families who were seen at age 10 and again at age 12 confirmed that those who were not watched over enough by their parents were likely to be involved with antisocial peers by middle childhood. This continued into early adolescence (Dishion & others, 1991). Many parents in a study of after-school programs for low-income young adolescents believed that supervision is no longer necessary for children of age 12 to 14, and would leave them alone in the afternoons if there were no program. More middle- and high-income (27–30%) than low-income parents (17%) were willing to leave young adolescents on their own after school (Marx, 1989). In another 1989 study, 112 seventh-graders from dual-earner families who were left unsupervised both after school and from eight to ten hours a day in the summer were rated on peer involvement, deviant peer associations, problem behavior, impulse control, and peer acceptance. The researchers found that those who were both unsupervised and far from home after school, and who “hung out” in places like shopping malls, reported a higher degree of peer involvement, association with dangerous peers, and problem behaviors (Maggs & Kolaric, 1990).

In conclusion, it is simply not true that teens drop family relationships for friends. The balance slowly changes, but both aspects of adolescent social life are essential to growth.

## Friendship Patterns of Adolescent Girls

In recent years, a growing body of research has been devoted to studying friendships between adolescent girls (Apter, 1990; Frankel, 1990; Gilligan & others, 1990; Lees, 1986; Stern, 1990). As was discussed previously, separation from family and other early emotional ties was thought, until recently, to be the most important developmental task of the teen years. It should be remembered that several older theories considered that the male development is what is correct and “normal,” and if female development is not the same, it was considered a sign of something lacking. For example, Freud noted that girls do not separate from parents and friends over the course of adolescence as completely as most males. He considered this a sign that girls and women fell short of full development (Stern, 1990).

Today, many theorists believe that girls’ relationships are strengths rather than weaknesses. The girls themselves usually value their friendships and their ability to be a



friend very highly. The girls who gave Stern (1990) a description of themselves each year for three years during their secondary school careers consistently mentioned their relational style and skills as most important to their self-image. Gilligan (1982) noted that girls and women who are asked to tell about themselves include information about their relationships with others as part of their self-description.

However, the girls also value independence, although they are likely to describe it quite differently than boys do. A greater ability to look outside oneself, an ability to allow oneself to depend on others when necessary, and realizing how much everyone does depend on others were all defined by these girls as part of their idea of independence. They believe that it is not necessary to break ties with others in order to be independent. One girl stated, "I think I have realized that I can always stay close to my mother, even if, you know, it's different depending on her and staying close to her . . . you can be independent and still stay close to somebody like that" (Stern, p. 79).

Adolescent girls share confidences about their deepest feelings and important personal decisions with their closest friends. Apter (1990) also observed that the giving and receiving of advice in the area of managing one's emotions was even more prevalent than confidence-sharing among the girls she studied. Girls often asked their friends for advice on how to behave in particular situations. More importantly, they asked one another for help in managing their own emotions—how to get over being attracted to someone who doesn't like them, how to handle being hurt by a friend, how to stop feeling depressed. While this kind of friendship is very common among adolescent girls, it is not at all characteristic of boys of the same age. Although some boys do discuss personal matters with friends, this is not as deep and intense as it is between girls, a pattern that carries over into young adult life.

## A Multicultural View:

### INTERRACIAL FRIENDSHIP

Lorene Cary, a bright high school student from Philadelphia was one of the first black girls to attend a wealthy private prep school in New Hampshire that had been all-male and all-white for 125 years. During her years there, she made many friends, both boys and girls. In her book, *Black Ice*, she tells how one of these friendships began:

" . . . I began to feel more confident in the inevitable racial discussions in classes, at Seated Meal, after visitors' talks. I took the offensive and bore my gifts proudly. What the discussions concerned specifically, who was there, where they took place, I do not remember. I do recall hearing the same old Greek-centered, European-centered assumptions of superiority. Might made right. I had my stories

(continued)

about Chaka Zulu from my Harvard evening course (and I knew they worshipped Harvard!). Nothing mattered. I was like a child again, trying to argue that I was still somebody—I am Somebody! as we shouted back to Jesse Jackson on the television—even though black people had been slaves, even though we hadn't had the dignity to jump off the boats en masse or die from tuberculosis like the Indians. More facts. I wanted more facts to show that it wasn't all fair now, that the resources that kept them here, ruddy and well-tutored, as healthy as horses, had been grabbed up in some greedy, obscene, unfair competition years before . . .

That's how I felt the night I left a racial discussion with a girl named India Bridgeman. A group of black girls had once asked her to take the role of plantation overseer in a student-choreographed dance. I'd kept in my head the image of her as she danced around the slaves with a whip, her classical ballet training showing in every movement. She'd visited England as a member of St. Paul's varsity field hockey team. She was an acolyte who knew the rituals of high mass: where to walk, what to carry. I knew her through Janie, but mostly I envied her from a distance as a symbol, a collection of accomplishments that I did not possess . . .

India translated what I had been saying into different words, and I listened, dumbfounded to hear them. It was clear that she, too, knew how it felt to be an outsider. I had never suspected it. India told me about her life growing up in Manhattan, and her own estrangement from many of our schoolmates. We talked until we grew hungry.

'Isn't there anything to eat, anywhere?' India jumped up from the floor, where we'd been sitting, and walked across the room to her stash. 'All I've got is mayonnaise,' she said as if the world would end. 'Hold everything! I know I had some crackers, too. Do you think that's gross, just putting mayonnaise on crackers?'

'Are you kidding? I was raised on mayonnaise. And mayonnaise, not that cheap-ass salad dressing.' I cut my eyes to the little jar in her hand. She whooped with laughter.

'What would you have done if I'd been holding some 'cheap-ass salad dressing?'

'I would have died. But really, that stuff—'

'I know, it's awful,' she agreed.

India and I talked often and late into the night after that. We raged together at St. Paul's School—at its cliques and competitiveness; its ambivalence toward its new female members; its smugness and certainty and power. We talked about families and boyfriends, girls we liked and girls we didn't. We laughed at how we had appeared to each other the year before. Our talk was therapeutic, private, and as intense as romance. It was for me the first triumph of love over race" (Cary, 1991, pp. 196–199).

*From Black Ice By Lorene Cary. Copyright © 1991 by Lorene Cary. Reprinted by permission of Alfred A. Knopf, Inc.*



The increase in the number of persons starting to smoke cigarettes is greatest among adolescent females.

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## Peer Group Pressure and Friendship

Much has been made of the importance of peer pressure and group conformity in influencing adolescent friendships in harmful ways, such as encouraging involvement in anti-social or delinquent behavior, beginning to smoke and use alcohol or other drugs, becoming prematurely sexually active, or limiting one's efforts in school to prevent becoming a disliked "brain" or "nerd." How vulnerable do adolescents feel they are to pressure from their friends?

In a study by Brown and associates (1986), over a thousand teenagers were questioned about how willing they thought they would be to do something their friends wanted them to do, even if they knew it was wrong. In this study, 20 different situations were described and the students were asked what they would "really do" in the cases described if urged by "a couple of your best friends" to conform to what the group wanted. Ten of the questions described neutral situations like going to concerts or school events, and ten involved some kind of misconduct, such as drinking beer or liquor, stealing something, or committing vandalism. Many said they were willing to go along with what the crowd wanted in the neutral situations, but few said they would succumb to pressure to join in misconduct.

The students also answered a set of 53 questions designed to show how much pressure they felt from their peers to behave in specific ways. Most of them reported that they felt pressured to participate in peer activities fairly often, but rarely felt pressured toward misconduct. Many of the students said that, in fact, they felt more peer pressure *against* misconduct, and found that friends often discouraged each other from becoming involved in bad behaviors.

Another study (Pombeni & others, 1990) confirmed that adolescents usually choose to associate and identify with those who are like themselves, and who have similar problems, values, and hopes for the future. This is usually because such friends are better able

to understand their perspective. Selman has studied this phenomenon closely, and has developed a theory of the relationships between five levels of interpersonal understanding and kinds of friendship. (See *An Applied View: "The Relationships between Level of Interpersonal Understanding and Friendship."*) Such peers and friends are often a valuable source of support and encouragement for one another. However, as Ryan and Lynch (1989) suggest, if adolescents feel they are not very emotionally connected to their parents, or that their parents actually reject them, they are more likely to "go along with the crowd." It appears that teens who suffer the insecurity of scant or absent emotional support from parents are willing to pay a higher price for acceptance by peers. As teens move from early to later adolescence, most of them become members of peer groups. In the next section we will investigate this development.

## PEER GROUPS

### Developmental Patterns of Peer Groups

Peer groups are important in adolescent development. While it is clear that friendships are vital throughout life, there seems to be something special about the role of the peer group during adolescence.

The role of peers as a source of activities, support, and influence increases greatly (Savin-Williams & Berndt, 1990). Perhaps it is for these reasons that adults and the media have been interested in and anxious about the role of the peer group. Brown (1990) describes four specific ways in which the peer group changes from childhood to adolescence.

- As previously mentioned, adolescents spend much more time with peers than do younger children. As early as sixth grade, the early adolescent begins withdrawing from adults and increases time spent with peers. During high school, middle adolescents spend twice as much time with their peers as they spend with parents and other adults.
- Adolescent peer groups receive less adult supervision and control. Teenagers try to avoid close supervision by parents and teachers, and are more independent and find places to meet where they are less closely watched. Even at home, teenagers seek privacy and places where they can talk to friends without being overheard by parents and siblings.
- Adolescents begin interacting more with peers of the opposite sex. While boys and girls participate in different activities and friendship groups during middle childhood, the sexes mix increasingly during the adolescent years. Interaction with members of the opposite sex seems to increase at the same time as adolescents distance themselves from their parents.
- During adolescence, peer groups become more aware of the values and behaviors of the larger adolescent subculture. They also identify with certain **crowds**, which are groups with a reputation for certain values, attitudes, or activities. Common crowd



## THE RELATIONSHIP BETWEEN LEVEL OF INTERPERSONAL UNDERSTANDING AND FRIENDSHIP

### **Level 0 3–6 years**

Undifferentiated and Egocentric

*Concept of Persons:* Undifferentiated—does not separate physical and psychological characteristics of persons.

*Concept of Relations:* Egocentric—no accurate notion of relations.

### **Level I 5–9 years**

Differentiated and Subjective

*Concept of Persons:* Differentiates physical and psychological characteristics—intentional acts recognized.

*Concept of Relations:* Seen as one-way.

### **Level II 7–12 years**

2d Person and Reciprocal

*Concept of Persons:* Can look at self objectively and realize that others can too.

*Concept of Relations:* Reciprocal in that children realize that others do what they do (i.e., I know that she knows that I know)—sees people this way but not relationships (i.e., not mutual).

### **Level III 10–15 years**

3d Person and Mutuality

*Concept of Persons:* 3d person—self and others as subjects and objects. Can have mixed thoughts and feelings about something (love and hate).

*Concept of Relations:* 3d person view of self, others, and system. Looks on interpersonal interactions as including self, others, and the relationship.

### **Level IV 12+ years**

In-depth and Societal-Symbolic

*Concept of Persons:* Individual seen as complicated, many things going on inside.

*Concept of Relations:* Interactions and relationships become complicated because they may reflect deeper levels of communication.

*Source: Selman, 1980.*

### **Friendship**

Friendship depends on physical closeness and functional similarity; admires strength and quickness.

### **Friendship**

Someone does what child wants or child does what other wants—implies recognition of an inner self.

### **Friendship**

Interactions become desirable in themselves—a “meeting of the minds”—but only for specific interests. Still sees interactions as helping self.

### **Friendship**

Goal is mutual interest and sharing.

### **Friendship**

Realizes that complex needs can be met by different relationships. Relationships are seen as open and flexible—helps in own self-identity.

labels among high school students include “jocks,” “brains,” “druggies,” “populars,” “nerds,” “burnouts,” and “delinquents.” Interestingly, while the adolescent subculture changes over time, these crowds seem to exist in some form across all periods in which the adolescent subculture has been studied.

Brown (1990) has also thought about why peer groups change in the above ways during adolescence, and suggests several explanations. He maintains that the biological, psychological, cognitive, and social changes of adolescence affect the development of a teenager’s peer relationships. Puberty, first of all, increases adolescents’ interest in the opposite sex and contributes to withdrawal from adult activities and increased time with peers. While adolescents are in the process of becoming less dependent on their parents, they tend to increase their dependence on peers.

An adolescent’s definition of a friend is quite different from a child’s. Although both a 5-year-old and a 15-year-old might say a friend is “someone who is close to you,” the same words would mean very different things to each. If questioned more carefully about what they mean by “close,” the younger child might say it means “someone who lives near you, that you play with.” The adolescent would have a much fuller set of requirements, which would not necessarily include living close by. By the teen years, the young person includes many psychological dimensions in the definition of a friend. These would include such things as values and interests in common, as well as the idea that a friend is someone to be trusted with very personal information (Selman & Schultz, 1990).

Recently, Tedesco, and Gaier (1988) studied what 204 adolescents in seventh, ninth, and twelfth grades appreciate most in their friends. The 100 female and 104 male students gave written replies to ten open-ended questions about friendship values. For example, two of the questions were: “What is it about your best friend that you like most?” and “What are the most important things to consider in judging people?” Three categories emerged from the students’ answers: interpersonal qualities, achievement, and physical qualities. A comparison of the responses for the different grade levels revealed what the researchers call “an interesting developmental phenomenon.” While all ages of students gave some answers that showed high regard for interpersonal qualities, the older a student was, the more he or she valued these qualities, and the less weight he or she gave to attributes of achievement or physical appearance and dress.

## Functions of Peer Groups

In contrast with the popular view that peers are a negative influence during adolescence, Hartup (1982) noted that peer influence serves important social and psychological functions. When adolescents do not have the chance to be part of a peer group, they miss out on important learning experiences. Kelly and Hansen (1987) described six important positive functions of the peer group. The group can help teens to:

- *Control aggressive impulses.* Through interaction with peers, children and adolescents learn how to resolve differences in ways other than direct aggression. Observing how peers deal with conflict can be helpful in learning assertive, rather than aggressive or “bullying” behavior.

- *Obtain emotional and social support and become more independent.* Friends and peer groups provide support for adolescents as they take on new responsibilities. The support adolescents get from their peers helps them to become less dependent on their family for support.
- ✓ *Improve social skills, develop reasoning abilities, and learn to express feelings in more mature ways.* Through conversation and debate with peers, adolescents learn to express ideas and feelings and expand their problem-solving abilities. Social interactions with peers give adolescents practice in expressing feelings of caring and love, as well as anger and negative feelings.
- *Develop attitudes towards sexuality and sex-role behavior.* Sexual attitudes and sex-role behaviors are shaped primarily through peer interactions (Hartup, 1983). Adolescents learn behaviors and attitudes that they associate with being young men and women.
- *Strengthen moral judgment and values.* Adults generally tell their children what is right and what is wrong. Within the peer group, adolescents are left to make decisions on their own. The adolescent has to evaluate the values of his and her peers and decide what is right. This process of evaluation can help the adolescent to develop moral reasoning abilities.
- *Improve self-esteem.* Being liked by a large number of peers helps adolescents feel good about themselves. Being called up on the telephone or being asked out on a date tells adolescents that they are liked by their peers, thereby enhancing feelings of positive self-esteem.

Although the peer group gains influence during adolescence, adults continue to play an important role in adolescents' lives. Adult and peer relationships seem to fulfill different needs in adolescent development (Savin-Williams & Berndt, 1990). Adolescents, for example, often talk with adults about their school progress and career plans. Adults provide an important source of guidance and approval in forming values and setting future goals. With peers, adolescents learn about social relationships outside of the family. They talk about more personal experiences and concerns, such as dating and views on sexuality. Adolescents generally feel more comfortable talking with peers about these concerns. They believe that peers will understand their feelings better than adults. Also, teens are afraid they may appear foolish to the adults whose approval they seek.

## Peer Groups and Self-Concept

Peer groups may also be viewed as important to the development of self-concept (see Chapter 6). The crowd an adolescent associates with allows him to try out a particular identity. Cognitive developments of adolescence are also believed to affect changes in peer relationships. Higher level social-cognitive skills help the adolescent to evaluate different crowds on the basis of their behaviors, values, and styles of interaction. Finally, the importance of the peer group may increase because of changes in the teens' social world. With the transition into middle school, students no longer spend time with a single teacher. As relationships with adults decrease, the student is introduced to a larger and

copy. dev  
→ often more varied group of peers. Finding one's place in a specific peer group with a particular reputation can offer feelings of belonging and security in the larger, more anonymous setting of the middle school.

P-taking  
→ Peers can give the young adolescent a clearer idea of how he or she appears to others at a time when they are very sensitive to the imagined judgments of others (Talwar & others, 1990). They may also give much appreciated support and encouragement in times of difficulty, especially those where parents are not made aware of the problem. In two recent studies (Vernberg, 1990a, 1990b), the researcher questioned 73 middle-class boys and girls in the seventh and eighth grades of two medium-sized public schools about their experiences with peers. About half of the group were new students in their schools, as their families had recently moved into a new home located in the school district. Three areas of peer experience—amount of contact with friends, amount of closeness with a best friend, and amount of rejection by peers—were measured to determine their effect on how socially acceptable the participants felt and whether or not they were depressed. Measurements were taken twice, six months apart. Those who had more contact with a peer group of about six members, had a best friend they were close to, and seldom, if ever, felt rejected by peers were not depressed and felt that they were likeable. The students who had recently moved into the area were more likely to have had difficult experiences with peers. In this relocated group, boys were more likely than girls to suffer rejection by the already-established groups in the school. The boys were sometimes hit or teased in a mean way, whereas girls were not, but all of the new students had more experiences that they felt were rejections by their peers than did the long-term residents. These results suggest that a family move may be particularly hard on young adolescents, who must make a place for themselves among already existing groups of peers.

self-esteem  
→ The quality of relationships established in the teenage years have been shown to continue to have an effect much later in life. Hightower (1990) reports on data drawn from two large longitudinal studies, one begun in 1928 and one in 1931, comparing the mental health of the participants at ages 13 and 50, as it related to their interpersonal relationships in early adolescence. Out of the original 174 participants, 141 (69 males and 72 females) were still available for the study. Not surprisingly, those who had strong “harmonious peer relations,” “positive relationships with adults outside the family” and “reasonable parental control” as teenagers enjoyed greater mental health in middle age than those who did not have these advantages. Another characteristic that had proved to be an asset for many from their early adolescence onward was the ability to form intimate friendships.

## Structure of Peer Groups

self-esteem  
→ In order to understand the importance and influence of peer groups in adolescence, it is necessary to consider the structure of peer relationships. Close friendships are the basic building block of the larger peer group structure. Having close and satisfying friendships is positively associated with the social, psychological, and academic adjustment of adolescents. Research suggests that having friends is related to positive self-esteem (see Chapter 6), not being lonely, behaving appropriately in school, and achieving high



grades. Adolescents who have no friends and are disliked by their peers are more likely to drop out of high school, engage in delinquent behavior, and show mental illness in adulthood (Savin-Williams & Berndt, 1990). Having more than one friend can be helpful, because overdependence on one friend can cause problems. However, there is little evidence that having many friends is better than a few (Berndt, 1989). More important than the number of friends is whether or not friends are viewed as being supportive and available to provide support when needed (Savin-Williams & Berndt, 1990).

**Cliques** are relatively small and intimate groups of close friends of similar ages, backgrounds, and interests. Members of the same clique “hang out” together and often enjoy the same activities. In order to become a member of a specific clique, adolescents have to conform to the standards and behavior of that clique (Guerney & Arthur, 1984).

**Crowds**, which were mentioned earlier, are larger groups of cliques, known to others by their interests or reputation. Members of the same crowd may or may not spend time together. Teenagers generally have little difficulty assigning their adolescent classmates to membership in different crowds. They also tend to agree with one another about the crowd affiliation of their classmates.

## *An Applied View:*

### USING THE SOCIOGRAM TECHNIQUE

A camp counselor we know works with a group of 12-year-olds in a summer camp, most of whom are white. However, there are a number of kids in the unit from a variety of other races. These children tend to be isolated from the others, and also have not made friends with each other. The latter is not unusual—**social isolates** typically avoid each other, because each knows the other has low prestige.

Bill employs the **sociogram technique** to help him with this problem (see also Figure 8.2). He passes out 3 x 5 cards to each member of the unit, and asks them to write down the names of the three people whom they like the most. He then scores these cards, giving each person who was named first a 3, second a 2, and third a 1. He adds up the scores for each person in the unit.

This gives him a “popularity” score: those with more total points are more popular. As he had expected, the minority group members were isolates (people who were picked by no one). Several of the white members were also isolates.

From time to time, Bill organizes the unit in groups of four for the purpose of fulfilling assignments. In each of these groups, he places one of the most popular children, as well as one of the isolates. Because popular campers are less concerned about the opinions of the other campers, they are usually more likely to be friendly to the isolates. As the kids at the summer camp enjoy each day’s activities, it just naturally occurs that the isolates are able to identify with and be more friendly with the popular campers. In this way, they gradually gain self-esteem.

7  
10000  
✓  
10000  
The crowd an adolescent is associated with tells a lot about how his peers view him. Crowd affiliation is a positive experience for adolescents when they are associated with crowds whose image they accept. Crowd affiliation can be distressful, however, if an adolescent is associated with a crowd she dislikes (e.g., nerds) or with a troubled crowd (e.g., delinquents). Although some adolescents may be able to select their crowd affiliation, this is not always possible. Not all crowds (e.g., jocks and populars) are open to new members. Adolescents are often assigned to crowds by their peers on the basis of personality, social class, ethnicity, and activities (Brown, 1990).

During the adolescent years, close friendships, cliques, and crowds seem to vary in their importance and influence. Younger adolescents, for example, place more value on being popular and believe that conforming to peer expectations is more important than do older adolescents (Gavin & Furman, 1989). Belonging to a crowd seems to be most important to younger adolescents. Older adolescents become dissatisfied with the pressures for conformity which come from being a crowd member. For the older adolescent, a few close friendships are more important (Brown & others, 1986). During early adolescence, same-sex friendships are most common. Young adolescents' choices of friends are fairly unstable. By mid-adolescence, close friends become important to share ideas and secrets with and as a source of information about the opposite sex. By late adolescence, opposite-sex friendships are common. Older adolescents tend to have fewer close friends, but those friendships tend to be long lasting (Guerney & Arthur, 1984).

Cliques and crowds change during the adolescent years in ways which increase the influence of the adolescent peer group (Brown, 1989). Dunphy's (1963) classic study of changes in the structure of peer groups through adolescence, even though completed three decades ago, remains the most complete effort to document these changes. Dunphy identified five stages of peer group structure (see Figure 8.1).

Early adolescence is characterized by stage 1, in which isolated, single-sex cliques exist. The crowd has not yet developed, but emerges in stage 2 during mid-adolescence. The sexes are still isolated. Opposite gender cliques begin to join to form heterosexual cliques in the third stage, as members begin dating relationships. Once heterosexual activities become common, cliques begin to join with other cliques for social functions and form crowds. In stage 4, the crowd is fully developed. Crowds continue until stage 5 when, in late adolescence, the crowd breaks down into relatively isolated groups of intimate couples. Although it is uncertain whether the process Dunphy described is still accurate today, the transformation from simple classroom-based cliques in elementary school to independent cliques and crowds is evident in secondary schools throughout the country (Brown, 1989).

## Dating Behaviors

During elementary school, most boys and girls prefer friends of the same sex. By middle school, students show an interest in developing friendships with members of the opposite sex. Before graduating from high school, most adolescents have entered into dating relationships (Savin-Williams & Berndt, 1990).

### Late adolescence



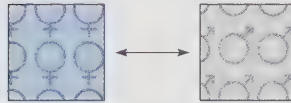
Stage 5: Beginning of crowd disintegration:  
Loosely associated groups of couples.



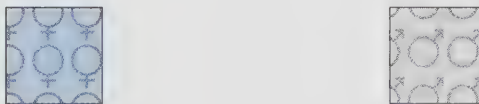
Stage 4: The fully developed crowd:  
Heterosexual cliques in close association.



Stage 3: The crowd in structural transition:  
Unisexual cliques with upper status  
members forming a heterosexual clique.



Stage 2: The beginning of the crowd:  
Unisexual cliques in group-to-group interaction.



Stage 1: Pre-crowd stage:  
Isolated unisexual cliques.

### Early adolescence

Figure 8.1 The five stages of peer group structure.

Source: From D. Dunphy, *Sociometry*, 16: 235–236, 1963.



An ongoing debate in adolescent psychology is whether peers have a negative influence by pressuring adolescents to behave in undesirable ways. A substantial body of evidence suggests that peers sometimes do influence adolescents in negative ways. Hence the common mother's cry, "What happened to my wonderful child?", referring to marked changes in behavior she has observed as her child moves through the teen years. Other evidence suggests that the peer group fulfills important functions, and that adolescents who are not members of a peer group are at risk for academic failure and emotional disturbance.

While these two lines of evidence appear contradictory, a number of explanations have been offered to reconcile these findings. One explanation is that close friendships are necessary and important, but that the larger crowd influences are often negative (Cohen, 1983). Close friends, for example, might encourage an adolescent to work hard at school even though other classmates think that popularity or winning at sports is more important. Berndt (1989) argues that most adolescents do not distinguish between the values of their close friends and other kids in their school. Friends, Berndt maintains, are just one source of influence. Other sources of influence are teachers, parents, and the media. All sources of influence can be positive or negative and can support or compete with each other in exerting their influence on the developing adolescent.

Another attempt to resolve the opposing views suggests that the values of parents, adolescents, and their friends more often agree, rather than conflict (Hartup, 1983). Adolescents, especially those who are well-adjusted, often select friends whose values are similar to their parents. Troubled adolescents, in contrast, are raised by parents who do not teach their children how to behave properly. As a result they display mean and aggressive behaviors that cause them to be rejected by peers. In adolescence, they affiliate with those who share their antisocial attitudes. Deviance does not begin with the influence of antisocial peers, but with poor parenting and social failure (Hartup, 1989).

Think of two adolescents you know, one well-adjusted and one who has been experiencing social, psychological, or academic difficulty. Think about the influence of their close friends, peer subculture, and parents. Which of these explanations seems to best explain their successes and failures? Why?

What do we mean by dating? Guernsey and Arthur (1984) suggest that dating can be defined as follows: "Social activity that allows the opposite sexes to engage in social interactions with non-familial age-mates" (p. 97). Dating can refer to group activities or single-couple experiences. Dating has existed in the United States since the early 1900s and exists in few other countries. In many parts of the world, adolescents have less choice concerning their social and intimate companions and eventual mates.





Savin-Williams and Berndt (1990) reported that before graduating from high school the great majority of adolescents enter into dating relationships. This finding contradicts the notion of some, that dating is becoming “outdated.”

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Younger adolescents, especially girls, often develop “crushes” on an older adolescent or adult. Crushes seem to provide a means of expressing affection to someone outside of the immediate family. They are generally intensely felt, but do not last long, since other crushes take their place. During early adolescence, the object of affection ( a crush or sweetheart) often does not even know he is admired. By mid-adolescence, both partners are generally aware of the other’s affection. There is an increased openness and communication of affection between partners. Steady dating is most common among late adolescents.

Dating relationships range from informal casual dating to more involved steady dating. Steady dating is a more exclusive relationship, with a higher degree of equality, commitment, caring, and intimacy between the partners. The degree of commitment felt by partners who are “going steady,” however, varies among couples. To some adolescents, going steady is the important step before marital engagement, while to others it is a common and passing arrangement.

Dating fulfills some of the same functions as friendships, in addition to some functions unique to the dating relationship. Many social skills learned through friendships, such as showing intimacy and resolving conflicts, are developed further in dating and romantic relationships. Adolescents who date a particularly popular or physically attractive person may gain status in their group as a result of the relationship. Unfortunately,

### RACIAL INFLUENCES ON PEER GROUPS

An important theme throughout this chapter is the increasing influence of the peer group during adolescence. We have also emphasized that parents continue to have an important influence in the lives of teens. In fact, some studies have shown that parents have more influence than peers over the academic achievement of adolescents (Davies & Kandel, 1981).

A recent study (Steinberg, 1990) examined whether the strength of parent and peer influence is the same for adolescents from different racial groups. Steinberg and his colleagues studied 15,000 high school students from nine different high schools in Wisconsin and California. They found that white, African-American, Latino, and Asian-American students showed fewer emotional problems, had higher self-esteem and were in less trouble for behavior problems when they were raised by authoritative parents (see Chapter 7). Authoritative parenting was most related to academic success for the white students, however. For African-American, Latino, and Asian-American students, the peer group had a greater influence on school attitudes and behavior, including how much time students spent on their homework, whether they enjoyed school, and how they behaved in class. Fortunately for the Asian students, their peers generally valued academic achievement and positively influenced academic achievement. For African-American and Latino adolescents, it was more difficult to find and join a peer group which rewarded academic success. Consequently, these youth often experienced conflict between the positive values of their parents for academic achievement and the negative values held by their peers and did less well in school.

Fordham and Ogbu (1986) found similarly that African-American students felt that in order to be popular, they could not do well in school. When African-American students of high ability attended school with only high-achieving students, they were no longer anxious about losing peer support and were more successful.

Steinberg (1990) found that high school peer groups were highly segregated across racial lines. Most high school students did not know the crowd affiliation of students from other racial groups. Instead of identifying students as "jocks" or "populards," for example, classmates from other racial groups were identified only by their racial affiliation, e.g., "Latino." Steinberg believes that because of this racial segregation, many African-American, Latino, and Asian teens have less choice about the peer group they can join. As long as African-American and Latino youth are excluded from peer groups which value academic success, it will be harder for them to benefit from the good parenting they have received.

adolescents who do not date or feel they are unable to attract a desirable dating partner may suffer a loss of self-esteem (Skipper & Nass, 1966). Recent authors have added to the list of dating functions. According to Savin-Williams and Berndt (1990), dating also enhances identity development and the development of empathy. Adolescents are able to learn about themselves and explore who they are through dating relationships. Sensitivity and understanding of needs that are different from one's own can also be gained through dating. Because parents have little influence over the choice of dating partners, dating can help adolescents to feel more independent, as well as providing a way of releasing sexual tensions (Guerney & Arthur, 1984).

Most of what we know about adolescent dating results from studies of heterosexual, white middle-class adolescents. We cannot be sure that we can generalize their experience to the dating relationships of lesbian and gay youth and youth from other racial groups and social classes.

At the same time they are forming peer groups, most teenagers are also becoming members of an adolescent subculture. This association is much larger and much looser than friendships and peer groups. We will turn our attention to its formation in the next section.

## THE ADOLESCENT SUBCULTURE

The word **subculture** refers to any group that has its own customs (ways of dressing, for example), but is also part of a larger cultural group. College students might be considered a subculture within the American culture. Some theorists have suggested it is useful to consider adolescents as members of a subculture (e.g., Friedenberg, 1959).

### Adult Anxieties about the Adolescent Subculture

Thoughts of an adolescent subculture bring forth feelings of anxiety among many adults. Parents often worry that they will have less authority over the lives of their adolescent children as the subculture gains increasing influence. One of the worst fears is that under the influence of the youth subculture, teens will be pressured to be delinquent or join a gang (see Chapter 13).

Stereotypes of the adolescent subculture are easily found in the media, especially movies and television. For example, adolescents are portrayed as having styles of dress, language, and music all their own. They are viewed as spending most of their time in groups, whether at school, the mall, concerts, or on street corners. When they are not with their friends, adolescents are pictured as talking on the telephone to each other or listening to their headphone cassette and CD players. Adults sometimes have difficulty telling the difference between negative peer influences, such as delinquent behavior and premature sexual activity, and the more superficial signs of the adolescent subculture, such as taste in dress and music.

Why are images of the adolescent subculture a source of anxiety for many parents? Prior to the 1950s, parents were less concerned about peer influence. Although a spirit of freedom prevailed and many of the young flappers of the "1920s" had unconventional attitudes towards adulthood, no one suggested that they had a culture of their own. It was



Regardless of the orientation of the group, the youth culture tends to force its members into a deeper involvement with each other.

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### *An Applied View:*

#### THE POWER OF PEER PERSUASION

A nurse friend of ours recognizes the importance of the power of peer relationships in early adolescence. When she wants to get a patient to do something she knows he will want to avoid, she seldom tries to influence him directly. Rather she discusses the situation with his friends, and persuades them to help get him to do the necessary procedure. She finds that if she can get the friends to help influence the patient, she is much more likely to be successful than by presenting logical arguments or threatening him.

She must be careful, as she solicits the aid of the friends, not to induce them to feel pity for the patient. She should try instead to help the friends imagine that they, too, could be in the patient's place. Evoking the "golden rule," she encourages them to do for the patient what they would want done for them if they were to be in the same predicament.

not until the 1950s that social scientists began to suspect that young people were creating a new subculture. Among the earliest and most antagonistic to the cultural mainstream were the beatniks and the Hell's Angels.

Gilbert (1986), a social historian, believes that during the 1950s and 1960s, almost all adolescent problems were blamed on the peer group. He believes that there were a number of reasons for this. First of all, it was not until the 1950s that almost all American teenagers attended high school. As a result, adolescents began to mix with other teens from more varied social and economic backgrounds. Some parents feared the influence this might have on their children. In addition, teenagers began to listen to the same music and to dress alike, which made them different from their parents and more similar to one



another, despite social class background. Gilbert believes that parents of the 1950s and 1960s were much more anxious about the negative effects of the peer group than was necessary. In fact, only a small percentage of adolescents dropped out of society, becoming beatniks or Hell's Angels.

In the 1960s, the writings of John Coleman (1961), Paul Goodman (1966), and Kenneth Keniston (1965, 1968) added to the public distrust of the adolescent subculture, which was described as challenging adult society. Adolescents were viewed as stubborn, irresponsible, and hedonistic (concerned only with seeking pleasure). They were described as rejecting the values of adults and selecting career goals, friends, and dating partners which they knew would not meet their parents' approval. As members of the adolescent subculture, Goodman (1966) concluded, "In principle, every teenager is a delinquent" (p. 19). In the late 1960s, the alienation was viewed by some as so strong that some described them as a "counterculture." Given these negative images of the adolescent subculture, parents' concerns are easy to understand.

How accurate are these views? Images of adolescent rebellion have changed since the 1960s. Certainly no one believes any longer that most teenagers are delinquents. During the 1970s and 1980s, for example, many adolescents were more concerned with career advancement and obtaining material possessions than with causes. Some writers feared that youth were losing their idealism and "selling out" to traditional values (Levine, 1980).

In the 1990s, however, an increased commitment to volunteerism and social causes has been observed among some adolescents. While the values of adolescents and their parents are often quite similar on important issues (Hartup, 1983), adolescents in the 1990s continue to differ from their parents in their choices of music, movies, and styles of dress. Adolescents also spend much more time with peers. According to one study (Nightingale & Wolverton, 1988), adolescents now spend only 7 percent of their waking hours with adults.

The adolescent subculture is most apparent not in political activism or in delinquent behavior, but in choice of hairstyle, clothing, and leisure activities (Fine & others, 1990). These public symbols make one's identification with the youth culture evident both to teens and to adults. The adolescent subculture is the target audience of many merchandisers, who seek to sell the symbols of youth subculture to teens. Adolescents have more leisure time and fewer responsibilities than most adults. Most of the money teenagers earn is spent on luxury products connected to leisure. They tend to save very little.

Merchandisers have taken symbols of youth leisure and rebellion, like blue jeans and black leather jackets, and have turned them into popular consumer goods. The adolescent consumer market is most apparent in the music industry, which has been supported by the cash of teenagers since the 1950s. Commercial music has been growing in importance since the 1920s in defining what it means to be young in America.

While it is clear that the adolescent subculture is alive and well in the 1990s, some social scientists believe it is viewed too simply. Brown (1990), for example, has documented the existence of *many* peer cultures in the United States. Not all adolescents share



The impact of adolescent consumers is most apparent in the music industry, which has been supported by the cash of teenagers since the 1950s.

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the same values and patterns of behavior, or even listen to the same music. The subculture to which an adolescent belongs will be influenced by many factors, including the adolescent's gender, race or ethnicity, the neighborhood in which she lives, his parents' education and income levels, and historical and social events. We have already noted how values of the adolescent subculture have changed from the 1950s to the present. Brown believes that the commonly held view of adolescents united in a hedonistic culture that opposes adult society is clearly false. He argues that social scientists need to study more closely the many peer cultures that exist, and change as history and society also change.

## The Origins of Subcultures

How do subcultures get started? Why are there so many of them? Three major theories have attempted to explain the origin of subcultures: the psychogenic, the culture transmission, and the behavioristic theories (Sebald, 1977).

### *The Psychogenic Model*

All subcultures arise when a large number of people have a similar problem of adjustment, which causes them to get together to deal with the problem and help each other resolve it. Modern teenagers receive a much less practical and more abstract introduction to life than formerly. They see the world as complex and ambiguous. They often feel it is unclear how they fit in and what they ought to be doing. Many try to escape from ambiguity

into a more predictable and controllable world that they create with other teenagers. In the past, this way of creating an identity was used almost solely by delinquent youngsters who were unable to find a respected place in society. Today, escape or avoidance of reality is becoming a much more common reaction to personal difficulty. This is known as the **psychogenic model** because it assumes that teens are *psychologically disturbed* by the world they are living in (not mentally ill, but disturbed, or made uneasy).

### *An Applied View:*

## THE FOOTBALL FIELD VERSUS THE MATH FIELD

Educator James Coleman has suggested that teachers and youth workers take advantage of a natural tendency of adolescents: finding joy in intergroup competition. Imagine yourself as a teacher at a high school on a cold, rainy November afternoon. You look out the window at the playing field and there are 50 students happily doing calisthenics. Why are they so highly motivated to do this obviously boring activity? Because they want to experience the ecstasy of being a member of a winning team.

Coleman suggests that we compare the playing field to the classroom, and he argues that we will see two major differences. On the playing field, if one individual does well, everyone on the team is happy, because the team benefits. Therefore, there is peer approval of success. In the classroom, on the other hand, success by one classmate may well mean that the others will suffer. This is especially true if the teacher “grades on the curve.” That means that there will be a certain percentage of A’s, so many B’s, and so forth. Therefore, if you help your classmate, you may be hurting yourself!

Another difference has to do with the rules in force in the two situations. The rules for most sports are reasonably clear, and, most of the time, there is little argument as to when and how the rules apply. For example, you don’t hear too often that “the referee lost us the game.” In the classroom, however, hearing that “the teacher flunked me” is more common. This is because the rules for success are much clearer on the playing field than they are in the classroom. It is easy to believe that the teacher has unwritten rules, and that she is willing to apply them differentially to her least- and most-liked students.

Therefore, Coleman suggests that we emphasize **intergroup competition** in school, replacing **interpersonal competition**. These *academic* competitions can be between groups within the classroom, between classrooms within the school, between schools, and they could be based on any school subject. We already have interscholastic competitions, mainly in the form of science fairs and math games, but these are not widespread at the school and classroom level. Coleman even goes so far as to suggest that under this system, teachers would earn a reputation, and could be hired and paid on their merits, just as coaches are. In this way, he believes, principals, teachers, and students would all be motivated to help each other to be winners.

*Source: Coleman, 1961.*



## TRAINING TEENS TO BE OPINION LEADERS

At the Peer Institute in Boston, 15-year-olds are trained to be role models and opinion leaders for other teens. Through the use of discussion groups, they learn how to “celebrate differences,” and how to teach their peers healthy alternatives to destructive practices. Topics include race relations, date abuse, birth control, differences in sexuality and gender roles, helping immigrants, and dealing with stress through humor. Margie Henderson, director of the Medical Foundation Prevention Center which sponsors the institute, argues that since teens have such an influence on each other, there is much to gain from teaching some of them to be a positive influence on others.

For example, one of the “opinion leaders” told her group about an actual situation in which her date attempted to pressure her to have sex with him. She explained in detail exactly how she successfully resolved the problem.

### *The Culture Transmission Model*

According to the **culture transmission model**, a new subculture arises as an imitation of the subculture of the previous generation. This takes place through a learning process by which younger teenagers model themselves after those in their twenties. Magazines, movies, and television programs aimed at teenagers have been effective mechanisms for perpetuating the subculture. Thus, though new forms of behavior may seem to evolve, in actuality most are only new versions of the solutions older people found for their problems when they were teenagers. Not surprisingly, this model argues that teenagers today are really not all that different from those of previous decades.

### *The Behavioristic Model*

The **behavioristic model** sees subcultures starting out as a result of a series of trial-and-error behaviors, which are reinforced if they work. It is like the psychogenic model in that a new group is formed by people with similar problems. It differs in that the psychogenic model views teen behavior as innovative, whereas the behavioristic model sees peer group members behaving the way they do because they have no other choice.

According to behaviorism, teenagers experience adults as “aversive stimuli”; that is, it is painful to interact with adults because in clashes over values, adults almost always win. In an attempt to escape from aversive stimuli, adolescents try out different behaviors with each other. They receive both positive reinforcement (their interactions with their peers make them feel better about themselves) and negative reinforcement (the pain they experience in interacting with adults *stops* when they stop interacting with the adult world).



Another factor in the perpetuation of youth subculture is inconsistent conditioning. For example, teenagers are expected to act responsibly in their spending, but on the other hand, they have to get parental permission for all but the smallest purchases, because they are not legally responsible for their debts. An example of inconsistent conditioning, one that no longer exists in the United States, is when teenagers are asked to fight and possibly die for their country, but are not allowed to vote and help influence their country's policies.

### WHAT'S YOUR VIEW?

Which of these models best explains the origins of the youth subculture? Is more than one of them right? Can you think of a fourth explanation? If you were in charge of the world, what would you do about adolescent subculture?

## Elements of the Adolescent Subculture

Whether it has a similar or different origin from other subcultures, the teenage subculture clearly has a number of common elements, including the following.

- *Proximity.* An obvious but often overlooked factor in the adolescent subculture is that the members of a group live near one another and know one another prior to joining the group. Gold and Douvan (1969) have suggested that physical closeness is the single most important factor in the makeup of teenage groups.
- *Unique values and norms.* All group members try to overcome limitations that they feel they would have if they did not belong to the group (Atkinson, 1989). Whatever the underlying reason for the group—race, age, politics, ethnic background—its members see a clear advantage in joining with others of similar values. In the teen years, adult domination creates a major motivation for attaching oneself to one's agemates. In their study of parent and peer attachments, Armsden and Greenberg (1987) found that teens who are devoted members of their group "reported greater satisfaction with themselves, a higher likelihood of seeking social support, and less symptomatic response to stressful life events" (p. 427).
- *Gender differences.* There are some important gender differences in peer group values (LeCroy, 1988). Girls seek satisfaction of a wider variety of emotional needs in their friendships than boys, but tend to seek just a few close friends. Girls value loyalty, trustworthiness, and emotional support most of all. Boys, on the other hand, seek friendships that help them assert their independence and resist adult control.

- *Peer group identity.* The youth subculture tends to force its members into a deeper involvement with one another. Because teenagers spend so little time with, and derive so little influence from, those older and younger than themselves, they have only one another to look to as models. Today, more adolescents continue their education for a much longer period than formerly. As a result, they spend much more time with other youths and much less time with adults.

A proposal by Newman and Newman (1976) recognizes the growing importance of this tendency. They suggest that we divide Erikson's identity stage into two stages: early adolescence (ages 13 through 17), called the group identity versus alienation stage, and later adolescence (ages 18 through 22), called the individual identity versus role diffusion stage. This division recognizes that it is necessary to identify with a group in order to achieve a strong personal identity.

Although we agree with their two-stage concept, we disagree with the ages they suggest. On the basis of our view of the research, early adolescence starts at about 11 for females and about a year later for males. Middle adolescence starts at about 14, and late adolescence occurs at about 17, leading into early adulthood at 19. We have chosen 19 because this is the age at which youth have usually been out of high school and into jobs or college for one year. We think this year represents a major turning point in the development of most individuals in the Western Hemisphere.

## EVALUATING INTERACTIONS IN THE CLASSROOM

Social interactions in the classroom have considerable impact on learning. The class that is divided into small cliques and has many isolated students makes a poor environment for learning. The age of the students affects social groupings, junior high school students being more likely to develop cliques and strongly adhere to their rules than younger or older students. Teachers can discover these patterns in the classroom and use the information to facilitate learning.

One method of plotting social groupings is the **sociogram**, a schematic drawing that details the groupings in a classroom at any particular time. Figure 8.2 is a diagram of the social groupings in one classroom. Students were given 3 x 5 cards and asked to put their name on one side. On the other side, they were asked to list up to three students in the class whom they considered to be their "good friends." If they did not feel that anyone in the class was a good friend of theirs, they could leave the card blank. The circles indicate girls, and the squares, boys. The arrows between circles and squares indicate choices each student made. Arrows in both directions indicate mutual choice.

Before reading about how a teacher can use a sociogram, try to answer the following questions about the sociogram in Figure 8.2. Suggested answers to these questions follow.

### The Sociogram: Questions

1. At which grade level do you think this class is?
2. What predictions can you make for the relationships among the students in cliques A and B?
3. What conclusions would you draw about students C, D, and E?
4. How many isolates are there in this class?
5. Which of the cliques in this class is the leading one?
6. If you were to form discussion groups for this class, which students would you be likely to put in one group?
7. For this sociogram, students were asked to say which students they considered to be good friends. What other questions might usefully be asked?
8. What conclusions would you draw about the learning environment of a classroom such as this?

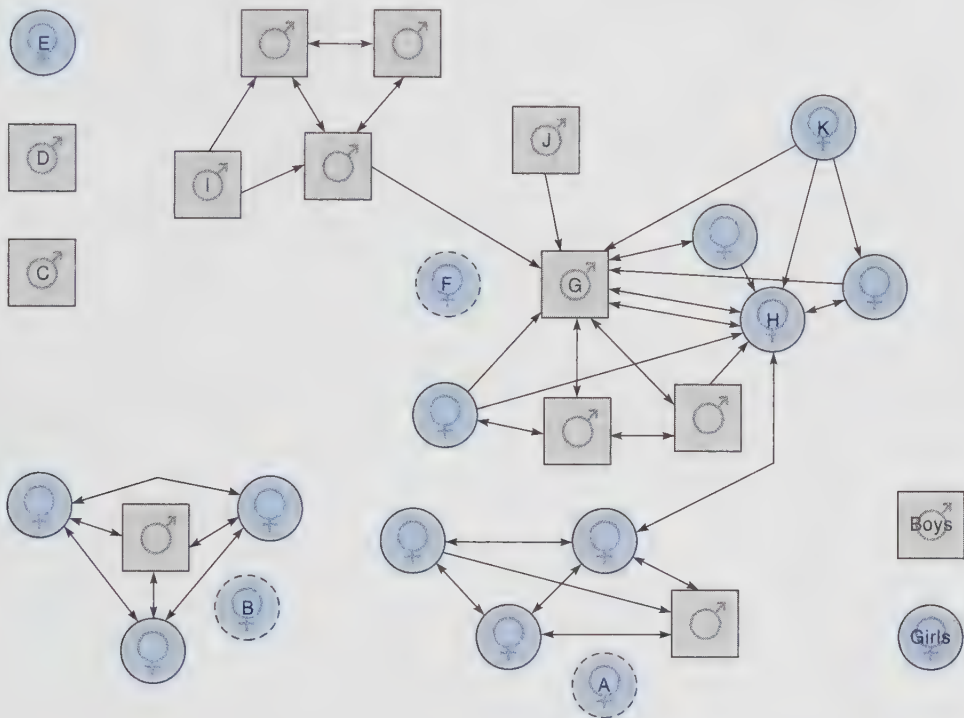


Figure 8.2 The sociogram.

## ANSWERS TO QUESTIONS ON THE SOCIOGRAM

1. This is a seventh-grade class, which is indicated by the fact that the class is divided almost entirely into cliques, and that the membership of each clique is primarily either male or female.
2. You can expect some friction and possibly hurt feelings among the girls in groups A and B. It is unlikely, especially in a seventh-grade class, that children of one sex who compete for the friendship of someone of the other sex are likely to maintain their own friendships for very long, and in fact they didn't.
3. These students are clearly isolates. No one picked them and they did not pick anyone else. Student C is Puerto Rican, and students D and E are Chinese. Each of these students recently joined the class and is bused to the school from another neighborhood. It is easy to understand why no other students have picked them yet, as this is a white, middle-class school. It is also typical that they have not picked each other. When a student has a characteristic that makes him or her an isolate from the rest of the class, the student is unlikely to pick another who has the same "negative" characteristic.
4. There are six isolates. Students C, D, and E are isolates; students I, J, and K also are isolates because, even though they have picked others, no one has picked them.
5. Clique F, the members of which are most often picked by students outside the clique, is the leading one.
6. Each of the discussion groups should include at least one of the isolates, as well as at least one of the most popular students. Students G and H, who were chosen most often by other members of the class, are the ones who can best afford to befriend an isolate and to help him or her become accepted by the group.
7. Some other questions might be: Which students do you most like to work with? Which students do you admire the most? Which students does the teacher like best? Which students would you least like to work with?
8. It is unlikely that there is a spirit of cooperation in a classroom that is so uncohesive and sharply divided as this one is. Learning in such a class must be especially difficult for the isolates, who have little chance of becoming accepted into the existing cliques. The teacher can have a considerable effect on this situation. The classroom in which the students feel psychologically safe is one in which the most effective learning is likely to take place. When a teacher establishes groupings that foster the breakdown of social isolation, and when the teacher is open to the contributions of the students, an atmosphere conducive to learning is created. Then, joining together in cliques for protection from perceived threats in the classroom is not necessary.



## CONCLUSIONS

The first close relationships that children make outside the family are usually with agemates of the same gender. We used to believe that this was the first step in emotional separation from the family. Now psychologists find that it leads to a different kind of emotional attachment. Girls, in particular, value these friendships. There has also been concern that new friendships will pressure teens to “go along with the crowd.” It appears, however, that most often peer pressure is *against* misconduct.

It is completely natural that adolescents should form themselves into peer groups that give them the support and approval they need in this fast-changing period in their lives. For the most part, this clannishness does them no harm, and has been typical of the age group for a long time.

Many social scientists agree that adolescents are differentiating themselves from adults more thoroughly than ever. Teens are a well-defined subculture that is influenced in its attitudes, values, and behavior mainly by the adolescents themselves and by those adults (musicians, manufacturers, etc.) who benefit from selling them things.

There is reason for concern, as we see a clear diminution of the influence of adults in general. It is, of course, still the case that adult role models such as teachers, clergy, and family friends provide meaningful and appropriate support to teens. Nevertheless, the effect of adult advice and moral leadership is clearly less today than in former times.

Is this decrease in adult influence having a negative effect on teens? If so, one of the areas it is most likely to be seen is sexuality. In the next chapter we investigate this growingly important aspect of adolescent life.

## CHAPTER HIGHLIGHTS

### Friendships

- In adolescence, young people begin to depend on their friends more than on their parents for emotional needs.
- Parents may find the increasing time their adolescents spend out of the home with their friends difficult to accept.
- The support and encouragement of parents is still very important to growing teens, who continue to need some measure of adult supervision and concern.
- Friendship patterns of adolescent girls have been studied extensively in recent years. Girls value their skills in forming close friendships very highly.
- In spite of parental worries about the effects of peer pressure on their teenagers, studies have shown that peers often discourage misconduct.

### Peer Groups

- Peer groups provide adolescents with a source of social activities and support, and an easy entry into opposite-sex friendships.
- The biological, psychological, cognitive, and social changes of adolescence affect the development of a teenager's peer relationships.
- Peer groups serve to control aggressive impulses, encourage independence, improve social skills, develop reasoning abilities, and form attitudes toward sexuality and sexual behavior. They may also strengthen moral judgment and values and improve self-esteem.

- Peer groups also aid in the development of self-concept, and allow an adolescent to try out a new identity.
- Moving to a new neighborhood and becoming accepted into a new peer group is harder for teens than for children or adults.
- Larger peer groups are structured of close friendships, cliques, and crowds.

## The Adolescent Subculture

- A subculture is distinguished by having its own customs that differ in some ways from those of the larger cultural group of which it is a part.
- Adults may fear that the subculture of adolescents will have a negative influence on teens, and may interpret superficial factors of taste in dress and music as warnings of developing delinquency or premature sexual activity.
- In the 1960s, adolescents were depicted as highly rebellious, but this view has changed. Many teenagers of the 1990s are committed to volunteering in community and social causes.
- There is some evidence that adolescent subculture in America is not unitary, but consists of many different peer cultures.
- There are three major theories of the origins of subcultures: the psychogenic model, the culture transmission model, and the behavioristic model.
- Common elements of teenage subcultures are propinquity, unique values and norms, gender differences, and peer group identity.

## Evaluating Interactions in the Classroom

- The sociogram is an excellent device for evaluating a variety of classroom types of interaction.

## KEY TERMS

Behavioristic model 266  
 Cliques 255  
 Close friendships 254  
 Crowds 250, 255  
 Culture transmission  
 model 266

Emotional attachment 244  
 Emotional separation 244  
 Intergroup competition 265  
 Interpersonal competition 265  
 Psychogenic model 265

Social isolates 255  
 Sociogram 268  
 Sociogram technique 255  
 Subculture 261

## WHAT DO YOU THINK?

1. In what ways is friendship among teenagers today different from the way it was 20 years ago?
2. What would you say to an adolescent who complained about being under “peer pressure”?
3. How is a teen leader different from an adult leader?
4. Why is the peer group so much more important to some youth than to others?
5. What are some positive and some negative aspects of the adolescent subculture?
6. What is the role of the professional person (teacher, nurse, counselor, etc.) in dealing with the teen subculture?

## SUGGESTED READINGS

- Cary, L. (1991). *Black ice*. New York: Knopf. A young African-American woman describes her experiences in the majority white culture. Educated in the most exclusive of schools, she manages to break down barriers and improve understanding between her and some wealthy white friends.
- Takaki, R. (1987). *From different shores: Perspectives on race and ethnicity in America*. London: Oxford University Press. Provides an overall view of the contributions of Asian immigrants in the United States. We are familiar with the European immigrants' history, but much less so with the history of Asian immigrants.
- Terry, W. (1984). *Bloods: An oral history of the Vietnam War by black veterans*. New York: Ballantine Books. African-American soldiers constituted the vast majority of soldiers who fought in Vietnam. This is their own words.

# c h a p t e r

## 9

Teenagers are talking about sex more than they used to, but they're not really doing anything more about it.

## SEXUALITY

### Sexuality

*The Sexual Revolution*

*Stages of Sexuality*

### Autosexual Behavior

### Homosexual Behavior

*Causes of Homosexuality*

*The Onset of Homosexuality*

### Heterosexual Behavior

*How Do Young Adolescents Learn About*

*Sex?*

*What Color*

*Is Your Heart? Differences in Sex-Related Attitudes*

*Deviation*

*The Many Nonsexual Motives for Teenage*

*Sex*

*Abused Women*

### Sexually Transmitted Diseases

*AIDS*

*Other Sexually Transmitted Diseases*

*Adolescent Contraceptive Use*

### Conclusions

*Chapter Highlight*

*Key Terms*

*What Do You Think?*

*Suggested Reading*



In the 1960s and 1970s the chapter opening statement was made by many experts in sexuality. Whether they were right or not, clearly this statement is no longer true. In this chapter, we turn to an aspect of adolescence that has perhaps changed more than any other. We will look closely at what have been called the three stages of sexuality: auto-sexuality, homosexuality, and heterosexuality. With the data on these three aspects clearly set forth, we will examine a side of sexuality that no one is happy about: sexually transmitted diseases.

When you have finished studying this chapter, you will be able to:

- Specify the various concerns about adolescents engaging in sexual intercourse.
- Describe the developmental sequence of human sexuality.
- Discuss theories of the origins of homosexual orientation, and their implications for those who work with gay teens.
- List the sources of sexual information that are available to adolescents in the order of their importance.
- Discuss reasons why teenagers engage in premarital sexual activity.
- Explain why some adolescents become runaways and/or prostitutes.
- List the symptoms, consequences, transmission, and treatment for sexually transmitted diseases found in adolescents.
- Discuss the prevalence and causes of unprotected sex in adolescents.
- Discuss these issues from an applied, a multicultural, and your own point of view.

## SEXUALITY

There are few aspects of human behavior that have changed more in this century than sexual behavior. The situation has changed so much that it is reasonable to call it a **sexual revolution**.

### The Sexual Revolution

Seeing their elders flounder in a sea of confused values, adolescents have begun to consult one another more often on important matters like sex. Edgar Friedenberg, a far-sighted sociologist, saw the beginning of this change as early as the late 1950s. He described these new attitudes in *The Vanishing Adolescent* (1959). The yearning for love and world peace, perennially scorned by some cynical older adults, began to flourish among late teens and young adults in the 1960s. Many middle-age adults came to the disconcerting realization that they were beginning to admire and even emulate the values of their adolescent children. As the spirit of “love among brothers and sisters” grew, so did more open sexuality. And a great many adults were no longer sure this was wrong.

Although most teenagers are not ready for mature love, sexual feelings are unavoidable, and for many they are extremely frightening. Now comes one of the most difficult decisions of life: Shall I say “yes” or “no” to premarital sex? Parents, clergy, teachers,



More and more teens are involving themselves in the campaign to fight AIDS.

police, and other adults used to be united in their resistance to it. But now, possibly for the first time in history, adult domination of the values of youth has faltered. As Williams (1989) expresses the change:

*Even as adults in America moderate their sexual activity in response to the threat of AIDS and shifting standards of behavior, teenagers in the last decade have developed a widely held sense that they are entitled to have sex (p. 4).*

Evidence that the forces that traditionally kept the great majority of adolescents from engaging in sex are no longer powerful is presented in Table 9.1.

Table 9.1

**PERCENTAGE OF METROPOLITAN-AREA NEVER-MARRIED FEMALES WHO HAVE EXPERIENCED SEXUAL INTERCOURSE**

Age	1971	1976	1979	1983	1989
15	14.4	18.6	22.5	NA	
16	20.9	28.9	37.8	40.2	34.2 <sup>a</sup>
17	26.1	42.9	48.5	55.6	43.9

Sources: Dreyer, 1982; Rodman, & others, 1984; Zelnick and Kantner, 1980; Gullota & others, 1993.

NA = not available

<sup>a</sup>Combines 15- and 16-year-olds.

The drop in the latest numbers may indicate a trend. We cannot say for sure. A very large governmental study of this and other questions about teenage sexuality was planned in 1990, which discouraged other research efforts. The U. S. study was cancelled by Dr. Louis Sullivan, U.S. Secretary of Health, Education and Welfare, in 1991.

Examine this table. Notice that for the first four years, percentages increased for all age groups. The apparent decline may be due to a growing concern about AIDS and other sexually transmitted diseases (STDs) (Koyle & others, 1989). We can be sure that the rates for males in the 1970s are considerably higher, and that by the end of the teen years, they are quite a bit higher still, for both genders. Results of studies vary, but the most likely percentage of college sophomores who are no longer virgins is about 75 percent for both males and females (Dacey, 1986).

## Stages of Sexuality

The Kinsey studies (Pomeroy, 1969) found (and many psychologists still agree) that human sexuality develops in three steps:

- Love of one's self (**autosexuality**)
- Love of members of one's own sex (**homosexuality**)
- Love of members of the opposite sex (**heterosexuality**)

These stages appear to be natural, although some argue that it is as natural to stay at the second stage as to go on to the third.

In the *autosexual stage*, the child becomes aware of himself as a source of sexual pleasure, and consciously experiments with masturbation. The autosexual stage begins as early as 3 years of age and continues until the child is about 6 or 7, although in some children it lasts for a considerably longer period of time.

When the child enters kindergarten, the *homosexual phase* comes to the fore (please note that this does not necessarily refer to sexual touching, but rather to the direction of feelings of love). For most children from the age of 7 to about 13, best friends, the ones with whom they dare to be intimate, are people of the same sex. Feelings become especially intense between ages 10 and 12 when young people enter puberty and feel a growing need to confide in others. It is only natural that they are more trusting with members of their own sex who share their experiences. Occasionally these close feelings result in overt sexual behavior. One study found this to be true over one-third of the time. (Janus & Janus, 1993. Results of this recent study of adults are reported later in this chapter.) In most cases, however, it appears that such behavior results from curiosity rather than latent homosexuality of the adult variety.

The great majority of teenagers move into the third stage, *heterosexuality*, at about 13 or 14 years, with girls preceding boys by about a year. These three phases are discussed in the following sections.

## AUTOSEXUAL BEHAVIOR

*If a boy in an unguarded moment tries to entice you to masturbatic experiments, he insults you. Strike him at once and beat him as long as you can stand, etc. Forgive him in your mind, but never speak to him again. If he is the best fighter and beats you, take it as in a good cause. If a man scoundrel suggests indecent things, slug him with a stick or a stone or anything else at hand. Give him a scar that all may see; and if you are arrested, tell the judge all, and he will approve your act, even if it is not lawful. If a villain shows you a filthy book or picture, snatch it; and give it to the first policeman you meet, and help him to find the wretch. If a vile woman invites you, and perhaps tells a plausible story of her downfall, you cannot strike her; but think of a glittering, poisonous snake. She is a degenerate and probably diseased, and even a touch may poison you and your children. (Hall, 1904)*

Psychologists have been debating autosexual behavior since this dire warning of G. S. Hall (see Chapter 2). There is still disagreement in the United States about masturbation, especially among females (Boston Women's Health Book Collective, 1989):

*As infants, touching and playing with our bodies, sometimes our genitals, felt good. Some of these experiences were explicitly sexual. Then many of us learned from our parents, then later from our schools and churches, that we were not to touch ourselves sexually. Some of us heeded their messages and some of us did not. But by the time we were teenagers, most of us thought masturbation was bad whether we did it or not. We felt guilty if we did masturbate, or we "forgot" it, or never discovered masturbation at all. (p. 166)*

Masturbation is probably universal to human sexual experience. Although most people still consider it an embarrassing topic, it has always been a recognized aspect of sexuality, legitimate or not. Kinsey, in his 1948 study of male sexuality, found that 97 percent of all adult males masturbated. Jones and Barlow (1990) also found large gender differences in their study of the use of fantasy and masturbation in college freshmen. They asked the students to keep track of specific types of sexual fantasy and sexual behavior. They found great differences among men and women in their autosexual behavior. Jones and Barlow found that approximately 45 percent of the men masturbated once or twice a week compared to 15 percent of the women (see Table 9.2).

There were also gender differences in the use of fantasy with masturbation: men were five times more likely to fantasize while masturbating than were women. It was also found that for men, the more sexually active they are, the more likely they are to masturbate. For college women, it was the opposite. The less sexually active they are, the more likely they are to engage in masturbation (see Table 9.3).

These findings, however, must be taken with a grain of salt. They are based on the personal responses of college students to a questionnaire. It is difficult to know whether their practices are the same as the practices of college students who would not choose to participate in such a study.



Table 9.2

FREQUENCY OF MASTURBATION (SEQ)<sup>A</sup>

Frequency	Male %	Female %
Daily	0	0
Twice a week	26.5	4.3
Once a week	18.4	10.6
Once every 2 weeks	14.3	4.3
Once a month	12.2	8.5
Less than once a month	12.2	25.5
Never	16.3	46.8

Source: From J. Jones and D. Barlow, "Self-reported Frequency of Sexual Urges, Fantasies and Masturbatory Fantasies in Heterosexual Males & Females" in *Archives of Sexual Behavior*, 19(3):269-279, 1990. Copyright © 1990 Plenum Publishing Corp., New York, NY.

<sup>a</sup> $\chi^2(5) = 20.89, p < 0.001$ .

Table 9.3

## FREQUENCY OF FANTASY DURING MASTURBATION (SEQ)

Frequency	All Subjects <sup>a</sup>		Only those who masturbate <sup>b</sup>	
	Male %	Female %	Male %	Female %
Always	53.3	9.8	58.5	12.0
Less than 75% of time	15.6	12.2	17.1	20.0
25-75% of time	15.6	17.1	17.1	24.0
Less than 25% of time	6.7	12.2	7.3	20.0
Never	8.9	48.8	0.0	24.0

Source: From J. Jones and D. Barlow, "Self-reported Frequency of Sexual Urges, Fantasies and Masturbatory Fantasies in Heterosexual Males & Females" in *Archives of Sexual Behavior*, 19(3):269-279, 1990. Copyright © 1990 Plenum Publishing Corp., New York, NY.

<sup>a</sup> $\chi^2(4) = 25.66, p < 0.0001$ . For male,  $n = 49$ ; for female  $n = 47$ .

<sup>b</sup> $\chi^2(4) = 20.57, p < 0.0004$ . For male,  $n = 41$ ; for female  $n = 25$ .

Most 4- to 5-year-olds masturbate, are chastised for it, and stop, then start again at an average age of 14 (Masters & Johnson, 1966). If masturbation is so popular, why has it been considered such a problem? For one reason, it is believed that the Bible forbids it. Dranoff (1974) points out that the Latin word *masturbari* means "to pollute oneself." For generations, people have taken as a prohibition the passage in Genesis 38:8 in which Onan is slain by the Lord because "he spilled his seed upon the ground." Dranoff argues that Onan was not slain by the Lord for masturbating, but because he refused to follow God's directive to mate with his brother's wife. Instead, he practiced coitus interruptus (withdrawal from the vagina before ejaculation).

In addition to the biblical restrictions, for centuries the medical profession believed that masturbation caused disease. In 1760, Tissot asserted that a common consequence of masturbation is “locomotor ataxia and early insanity.” There are many myths about masturbation: it causes one to go mad; it causes hair to grow on one’s palms; it causes one to reject sex with anyone else. No research evidence shows that there are any intrinsically bad effects of masturbation. In fact, the American Psychiatric Association has stated that it should not be considered the sole cause of any particular psychiatric problem (American Psychiatric Association, 1985).

Although most psychiatrists feel that there is no intrinsic harm in masturbation and believe it to be a normal healthy way for adolescents to discharge their sexual drive, some teens (mainly boys) feel such a sense of shame, guilt, and fear that they develop an “excessive masturbation” syndrome. In this case, masturbation is practiced even though the child feels very bad about it. These feelings are reinforced by solitude and fantasy, which lead to depression and a debilitating sense of self-condemnation.

Most psychiatrists argue that masturbation in childhood is not only normal but helpful in forming a positive sexual attitude. It cannot be obsessive at 4, so it should be ignored at that age. However, it can be obsessive at age 14, and if the parent suspects this to be the case, a psychologist should be consulted.

## HOMOSEXUAL BEHAVIOR

Historically speaking, homosexuality has been surrounded by a number of *myths*:

- Male homosexuals are sissies and will never get involved in a fight.
- Boys with frail physiques and girls with muscular physiques have a strong tendency to become homosexuals.
- Homosexuality results from a mental disorder, usually caused by a hormone imbalance.
- Homosexual men have overprotective mothers and rejecting, inept fathers; in lesbians, the reverse is true.
- Homosexuals frequently attempt to seduce young boys. Since they cannot give birth to children themselves, this is the only way they can replenish their ranks.
- You can always tell the homosexual male because he “swishes” like a woman when he walks; looks at his fingernails with his fingers pointing away rather than toward himself; uses his hands in an effeminate way, with “limp wrists”; usually talks with a lisp; and crosses his legs like a woman.
- You can always tell a female homosexual because she has unusually short cropped hair; refuses to wear a dress; hates all men; is unusually aggressive; and crosses her legs like a man.

A homosexual is a person who prefers sexual interaction and intimate, interpersonal relationships with members of the same sex (Buunk & Van Driel, 1989). Male homosexuals are often called **gay** and female homosexuals are called **lesbians**. Unfortunately, gays and lesbians live in a society full of stereotypes about homosexuality.



Clearly, some of the stereotypes about homosexuals are untrue and unfair. What generalizations, if any, do you believe can fairly be made about all homosexuals?

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Among the most difficult stereotypes confronting homosexuals is the belief that they are “sick.” For 23 years, until 1973, the American Psychiatric Association listed homosexuality among its categories of mental illness. In its decision to exclude homosexuality from that category, the APA Board of Trustees argued that because it cannot be said that homosexuality regularly causes emotional distress or is regularly associated with impairment of social functioning, it does not meet the criteria of a mental illness (American Psychiatric Association, 1985). Shortly after this pronouncement, however, one wing of the APA gained acceptance of a category called “Sexual Orientation Disturbance,” established for those people, homosexual or otherwise, who suffer anxiety from the sexual choices they have made.

## Causes of Homosexuality

There have been a number of suggestions about why people become homosexuals. The majority of Americans no longer assume homosexuality is an innate disease (Gallup, 1977). The three most often cited explanations are the psychoanalytic theory of homosexuality, the learning theory of homosexuality, and the genetic theory of homosexuality.

- *The psychoanalytic theory of homosexuality.* Freud’s **psychoanalytic theory of homosexuality** suggested that if the child’s first sexual feelings about the parent of the opposite sex are strongly punished, the child may identify with the same-sex parent and develop a permanent homosexual orientation. Because researchers have noted many cases in which the father’s suppression of the homosexual’s Oedipal feelings was not particularly strong, this theory is not held in much regard today.
- *The learning theory of homosexuality.* The **learning theory of homosexuality** offers another explanation: Animals that are low on the mammalian scale follow innate sexual practices. Among the higher animals, humans included, learning is more important than inherited factors. According to this theory, most people learn to be heterosexual, but for a variety of little-understood reasons, some people learn to be homosexual.

- *The genetic theory of homosexuality.* In the **genetic theory of homosexuality** there is no direct proof that people become homosexual because of genetic reasons. However, in a review of the literature about homosexuality, Buunk & Van Driel (1989) note that researchers are looking at what is known about homosexuality in other species for clues. Recently there is interest in the influence of hormones during fetal development. These theories argue that how the fetus's brain reacts to sex hormones during the second through sixth month of gestation may create a genetic tendency towards homosexuality. They argue that persons born with this tendency (called a predisposition) can be influenced by the environment to either select or avoid homosexuality.

## The Onset of Homosexuality

For a long time, psychologists believed that homosexuality does not manifest itself until adulthood. Recent studies of male homosexuals reviewed in the *Journal of the American Medical Association* (Remafedi, 1988), however, indicate that this belief was the result of interviews with teens, most of whom were ashamed or otherwise unwilling to tell about their feelings on the subject. The current studies, using better methods, are in remarkable agreement that at least one-third of all males have had "a homosexual experience that resulted in an orgasm" at least once during their adolescent years. About 10 percent "are exclusively homosexual for at least three years between the ages of 16 and 55" (p. 222). Janus & Janus (1993) found that 22 percent of men and 17 percent of women have had at least one homosexual experience. On the other hand, other recent studies have found only 1 percent are exclusively homosexual throughout life (Muir, 1993). Clearly, the truth here is elusive.

Most adult homosexuals remember feeling that they were "different" at about 13 years old, the age when most boys are beginning to notice girls. One study followed boys who were seeing medical personnel because of dressing in girls' clothes, playing with dolls, etc., between the ages of 3 and 6. The majority developed a homosexual identity during adolescence or adulthood. Remafedi sums up the situation:

*Professionals may deny the existence of gay or lesbian teenagers for a number of reasons, some benign and others more malignant. It is both reasonable and judicious to avoid applying potentially stigmatizing labels to children and adolescents. It is also understandable . . . to adopt a 'wait and see' approach to a teenager's homosexuality, while providing appropriate preventative and acute health care. However, the reluctance of some professionals to acknowledge the existence and the needs of homosexual adolescents is primarily related to the emotionalism surrounding the issue (p. 224).*

It is true that a number of psychologists believe that same-sex play is often merely the desire to share pleasurable activities without any homosexual implications, but this does not mean that there is no such thing as adolescent homosexuality (Harry, 1986; Sullivan & Schneider, 1987).



The behaviorists and the psychoanalysts offer their theories of how homosexuality is learned. On the other hand, many homosexuals believe that their sexual orientation became clear so early in life that it could only have been caused genetically. Each of these positions agrees that being homosexual is not a matter of choice for the homosexual. Thus it is argued that they should be accepted the same as heterosexuals, or at the very least be given sympathy, for their role in today's society is not an easy one.

There are also those who believe that homosexuality is a matter of free choice, and that those who choose it are behaving in an immoral way. Because they are immoral and because they disrupt the "natural order of things," they deserve society's condemnation. What's your opinion?

Paul Paroski (1987) interviewed 120 gay and lesbian adolescents about the development of their sexual identity. He asked them where they learned about homosexuality. While females found out about lesbianism from television and other media, most males had learned about being gay through sexual experiences. When the homosexual teens of both genders described the process they went through in coming to terms with their sexual orientation, however, a striking pattern emerged. Almost all teens described the exact same sequence (Paroski, 1987, p. 190):

1. The realization of one's desire to have same-sex relationships.
2. The development of guilt, shame, fear of discovery of one's homosexuality and a sense of engaging in abnormal behavior.
3. An attempt to "change" to heterosexuality through behavior and fantasy.
4. Failure to change sexual orientation and subsequent development of poor self-esteem.
5. Investigation of the homosexual life-style through various methods, including sexual activity.
6. Acceptance and development of a positive gay/lesbian identity.

Homosexuality poses special problems to teens. Typically, adolescent males are expected to be aggressive and females, passive and compliant (Gonsiorek, 1988). This can be especially difficult for gay adolescents. At the same time many homosexual teens experience a lack of family support. There is little institutional support for these youths. Schools often do not recognize the existence of homosexual adolescents. And the adult homosexual community is reluctant to provide services for youths because of the "lingering myth that associates homosexuality and pedophilia [sexual preference for children, a psychiatric disease]" (Gonsiorek, 1988, p. 116). Clearly teenage homosexuals are in need of support from professionals working with adolescents.



Attitudes towards sexuality are influenced by parents, whether consciously or not. This class has been arranged so that mothers and daughters can more openly discuss these values.

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Whatever one believes about homosexuality being a natural stage of sexual development, it is clear that the great majority of people in the United States today do engage in heterosexual behavior sooner or later—and the evidence indicates that they begin much sooner than they used to.

## HETEROSEXUAL BEHAVIOR

At the beginning of this section we presented some statistics on teen sexuality that may have surprised you. To get a clearer picture of this situation, you will need to look at the data provided by a number of other studies that have researched heterosexual teen behavior.

### How Do Young Adolescents Learn about Sex?

Peers are usually reported to be the most common source of sex information for adolescents. Researchers studying adolescence argue that the passing on of information about sexuality can best be understood from a **social learning** perspective (Andre & others, 1989) (see Bandura, Chapter 2). According to this theory, children develop their attitudes toward sexuality by modeling and conditioning. Parents in American culture generally offer their children the *model* that sex should go unseen. Children rarely are given a sense of their parents' sexuality. Parents *condition* their children to feel ashamed of their own sexuality by discouraging their natural touching of genitals or masturbation. Social learning theorists feel that these actions give children the impression that sex is a taboo subject with their parents. Therefore during adolescence, teens turn away from their parents for sex information and turn towards their peers.

## WHAT'S YOUR VIEW?

What role do you think schools should play in the education of adolescents about sex, contraception, and sexually transmitted diseases? This question has received more attention with the rise in the AIDS epidemic. A recent national survey (Roper, 1991) found that 96 percent of adults surveyed think that children should learn about AIDS in school (see Figure 9.A).

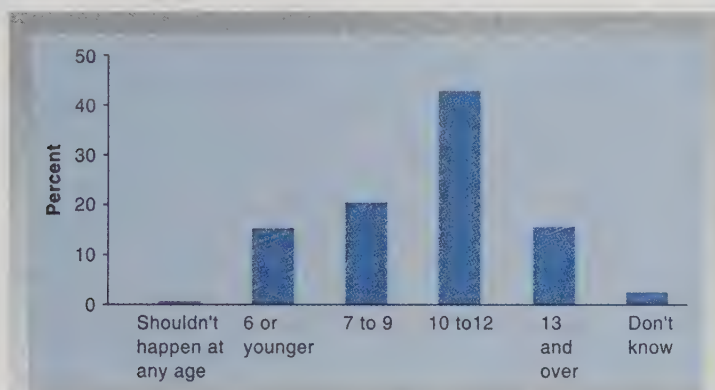


Figure 9.A Age at which children should learn about AIDS in school.

Source: The American Chronicle Youth Pole, 1991, Roper Organization, New York, NY.

Do you think respondents would have endorsed school education for sexuality in general as well? Should love, decision making around first intercourse, homosexuality, and premarital sex be discussed in school? Why would some people endorse talking about AIDS, but not endorse talking about these other topics? What's your opinion?

However, a recent study (Handelsman & others, 1987) found that parents were named as adolescents' primary source of information about contraception. This could be due to a change in parents' modeling and conditioning about sexuality. Many parents of adolescents today may be responding to pressures and concerns about teenage sexuality. These parents have strived to model openness in talking about sex.

Who is the *best* source of information about sex? Peers often do not pass on accurate information about sex (Trebourg & Busch-Rossnagel, 1990). Parents are not always clear in their sex information either. Handelsman and her colleagues (1987) found that teens had the

same level of accurate knowledge regardless of whether they turned to their parents or to their peers. They found that parents, like peers, often lack either accurate knowledge or the ability to communicate information effectively. Schools can also be sources of information about sex and sexuality. However, sex education alone is not enough. Studies have shown that teens need to learn about sex and sexuality from many sources at once (Andre & others, 1989; Handelsman & others, 1987; Treboux & Busch-Rossnagel, 1990). This guards against misinformation and gives adolescents the opportunity to come to their own understanding about issues of sex, sexuality, and contraception.

## First Coitus

Although sexuality develops throughout life, first intercourse is viewed by most as the key moment in sexual development. When do most Americans first experience intercourse? The statistics vary, but all research confirms that this experience occurs at a younger age than it did for previous generations (Forste & Heaton, 1988; Scott-Jones & White, 1990; Walsh, 1989; Wyatt, 1989). In 1971, 30 percent of female adolescents age 15 to 19 had experienced premarital sexual intercourse; it is projected that today that figure is 70 percent (Forste & Heaton, 1988). By the end of adolescence, more than 80 percent of the boys and 70 percent of the girls will have been sexually active. In one study of adolescents between the ages of 12.5 and 15.5, researchers found that approximately one-third of the teens had experienced intercourse (Scott-Jones & White, 1990).

Why are adolescents engaging in sex at earlier ages? Some theorists point to changes in social context (Walsh, 1989). They argue that today's youths learn about sexuality much earlier and from more sources than in the past. Sexually explicit magazines, rock music videos, advertisements displaying sexual situations, and movies depicting sexually graphic material are all part of the everyday culture of teenagers today. In the 1950s such materials weren't commonly available. The women's movement and its focus on double standards about sexuality also contributed to the social context of teens today. Early feminists questioned the **double standard** that engaging in sexual relations was acceptable for males but not for females. Together these factors create a social context that provides the developing adolescent with information about sex beyond what is learned from peers and family. It is in this new social context that adolescents make decisions about when first to engage in sexual relations.

However, when adolescents are asked to explain how they decided to first have sex, they do not say "the social context." Instead they talk about relationships and their own sense of their developing self. In one comprehensive study, researcher Patricia Koch (1988) asked college students to recall their reasons for first intercourse. The motivation for first sexual intercourse for women listed most often was the desire to express love or care (see Table 9.4). For men, their belief that both parties wanted to engage in sex was listed most often. While pressure from their first sexual partner was the reason that many women gave for their first coitus (second only to love), the number of men that mentioned this was negligible.

Koch also asked college students to evaluate their first sexual experience. In recalling first coitus, men identified "pleasurable" in first place, while the largest percentage of women described it as "all right" (see Table 9.5).



Table 9.4

## MOST COMMON REASONS FOR FIRST COITUS

Reason	Women (N = 412)		Men (N = 261)	
	n	(%)	n	(%)
Love/caring	108	(27.0)	45	(18.1)
Partner pressure	97	(24.3)	17	(6.9)
Curiosity	90	(22.8)	46	(18.6)
Both wanted to	68	(16.7)	47	(19.0)
Alcohol/drugs	39	(9.9)	23	(9.2)
Sexual arousal	36	(9.0)	45	(18.1)
To "get laid"	8	(2.0)	37	(14.9)
Total	446**		260***	

Source: From P. Koch, *Journal of Adolescent Research*, 3(3-4):345-362, 1988. Copyright © 1988 Reprinted by permission of Sage Publications, Inc., Newbury Park, CA.

\*Respondents could give more than one reason. Infrequent motivations are not included on table.

\*\*19 cases were missing.

\*\*\*14 cases were missing.

Table 9.5

## EVALUATION OF FIRST INTERCOURSE EXPERIENCE

Evaluation	Women (N = 412)		Men (N = 261)	
	n	(%)	n	(%)
A disaster	58	(14.0)	10	(3.9)
A disappointment	85	(20.6)	35	(13.6)
Neither positive or negative	69	(16.7)	15	(5.8)
Okay, fine, alright	101	(24.5)	64	(24.8)
Pleasant and pleasurable	85	(20.6)	89	(34.5)
Terrific, fantastic	14	(3.4)	45	(17.4)
Total	412		258*	

Source: From P. Koch, *Journal of Adolescent Research*, 3(3-4):345-362, 1988. Copyright © 1988 Reprinted by permission of Sage Publications, Inc., Newbury Park, CA.

\*3 cases were missing

### THE MOST IMPORTANT VALUE

Summer heat did not stop 100 members of Boston's Latino community from meeting inside the Huntington Avenue YMCA to discuss the economic and social problems facing Latino youth. Mayra Rodriguez-Howard, director of the Massachusetts Committee of Hispanic Affairs placed the responsibility for sex education first upon parents: "They should make the effort to educate themselves about sexuality so they can be in a position to educate their children."

Norma Wallace, mother of three Latino children and counselor to pregnant teenagers and single mothers, agreed that talking about sex in the home should not be a "sin." Because of the taboo that revolves around sex, many children learn about it in the streets and many times get the wrong information.

Nilda Rios, a Boston Juvenile Court probation officer commented that peer pressure causes many children to abandon the values their parents have taught them. "When both parents have to work they can't give their children the attention they deserve, and also many homes have only one parent."

Rodriguez-Howard countered that the problems of youth should not be attributed to a loss of values, but to a lack of economic opportunity. "Youth today still possess the most important value—the desire to work hard to succeed."

### Factors That Influence Teen Heterosexual Behavior

Many studies have found that family environment influences adolescent sexual activity (Forste & Heaton, 1988; Wyatt, 1989). In their review of the literature, Forste and Heaton (1988) conclude that, overall, youths from stable family environments are less likely to engage in premarital sexual relations (Forste & Heaton, 1988). Factors that increase the likelihood that a teen will engage in premarital sex include: coming from a broken home, living in poverty, being without religious affiliation, and living in a family where educational discussions about sex never occur. Researchers studying race and premarital sex have found that *by itself*, race or ethnic affiliation is not related to premarital sex (Wyatt, 1989). In many urban areas it is people of color who live in poverty. Teens from those families are most likely to experience first coitus at an early age (Forste & Heaton, 1988; Wyatt, 1989).

One societal change that seems to have strongly affected adolescent sexuality is maternal employment. Hansson and colleagues (1981) conducted a study to determine whether maternal employment is associated with teenage sexual attitudes and behaviors and increases the likelihood of pregnancy. They found that those girls whose mothers are employed outside the home have a greater tendency to begin sexual relations before the age of 19.



Research states that youths from stable environments form close attachments, but they are less likely to have sexual intercourse.

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A number of studies have looked at the relationship between sexual communications among family members and sexual behavior (Chewning & others, 1986; Daugherty & Burger, 1984; Darling & Hicks, 1982; Fisher, 1986a; Wilks, 1986). All have found that parents can have a powerful effect on the children's behavior, including those who are in their late teens, when the parent-child interaction is good and talk about sexuality is direct.

There are many other social influences that influence teenage decision making about sex, besides those of the family. It has been found that when teens are engaged in steady relationships, they are more likely to engage in sexual relations. "Having a girlfriend or boyfriend may provide opportunity for and pressure toward sexual activity" (Scott-Jones & White, 1990, p. 224).

Research has also shown that adolescents' sexual behavior can be influenced by their thoughts about masculinity and femininity. However, studies of this subject have contradictory findings (Fingerman, 1989; Scott-Jones & White, 1990). Scott-Jones and White found that teens who hold stereotyped views of men as aggressive and dominant and women as passive and submissive are more likely to engage in sexual relations. Females that hold these views often cite persuasion as the reason to begin sexual activity. Males with "old-fashioned" views often see sexual relations as conquests (Scott-Jones & White, 1990). However, the other study had completely different findings.

Fingerman (1989) found that adolescents who were raised in families that encouraged equality between the sexes were more likely to engage in premarital sex than youths from non-egalitarian families. In egalitarian families, teenagers generally had mothers who were professionals (such as doctors or lawyers). Fingerman concluded that for an adolescent the mother's life was more than an example of nontraditional sex roles; it was

## TELEVISION AND ADOLESCENT SEXUALITY

In a comprehensive review of the research on television and adolescents, Jane Brown and her colleagues (1990) found that:

- *Adolescents today may have more access to their television sets than to their parents.* One survey of an urban area found that two-thirds of the adolescents had their own television set. Most mothers of teenagers work outside the home, at least part-time. The average teen spends 12 hours a week with his parents, mostly at meal times and while watching TV. Time spent alone with a father averages 10 minutes a day for adolescents; of that time, half is spent watching television together.
- *Television greatly influences teenagers' standards of sexual attractiveness.* Some argue that because we don't have formal celebrations of "coming of age" teenagers create their own rites of passage from childhood to adulthood. For adolescent girls, this often involves trying to make their face and body match the ideals presented on television. The ideals of thinness are difficult for an adolescent to achieve (see Chapter 3 for the physiological explanation). Over one-third of the advertisements appearing on network prime time are "beauty" ads that sell sex appeal as well as products. It is estimated that the current standards of attractiveness portrayed on television is the slimmest for women that it has been since the 1920s. Today, as in the twenties, the standards leave adolescent girls at risk for eating disorders, as they try desperately to achieve "the look."
- *Watching television shapes adolescent expectations about sex and sexuality.* The average teenage television viewer is exposed to 2,400 sexual references per year. Those who watch soap operas and other dramas are exposed to more. Studies of television have shown that intercourse between unmarried partners and prostitution are found more in action and adventure shows. Long kisses and married intercourse are more prevalent in situation comedies. These images affect adolescent conceptions of their own sexuality. Studies have shown that adolescents who chose to watch programs heavy with sexual content were more likely to have had sexual intercourse in the preceding year. (It is not clear as to whether one causes the other, however.) Research has also shown that adolescents are less satisfied with their own sexual experiences if they think television characters enjoy sexual experiences more than they do.

the living out of the values of equality between the sexes. These values, according to Fingerman, encouraged the teenagers in her study to engage in sexual relations before marriage.

Researchers followed more than 1,000 adolescents over a two-year period and found that when teens become sexually active, they become friends with peers who are also sexually active. By doing so, youths find support for their decision. Billy and his associates (1988) also found that for some teenagers, engaging in sex affects their schooling.



White male adolescents in their study reported that when they started to be sexually active, their grades in school suffered. White female adolescents who became sexually active reported less desire to go on for further education beyond high school. African-American adolescents did not report any such changes.

### *An Applied View:*

## HOW TO TALK TO TEENS ABOUT SEX (OR ANYTHING ELSE, FOR THAT MATTER)

Adolescents are more likely to talk to adults who know how to listen about sex, alcohol, and other important issues. But there are certain kinds of responses, such as giving too much advice or pretending to have all the answers, that have been shown to block the lines of communication.

Effective listening is more than just “not talking.” It takes concentration and practice. Below are six communication skills that are useful to anyone who wants to reach adolescents. By the way, these skills can also enhance communication with other adults, too.

*Rephrase the person's comments to show you understand.* This is sometimes called **reflective listening**. Reflective listening serves four purposes:

- It assures the person you hear what he is saying.
- It persuades the person that you correctly understand what is being said (it is sometimes a good idea to ask if your rephrasing is correct).
- It allows you a chance to reword the person's statements in ways that are less self-destructive. For example, if a person says, “My mother is a stinking drunk!” you can say, “You feel your mother drinks too much.” This is better, because the daughter of someone “who drinks too much” usually will have a better self-image than the daughter of a “stinking drunk.”
- It allows the person to “rehear” and reconsider what was said.

*Watch the person's face and body language.* Often a person will assure you that he does not feel sad, but a quivering chin or too-bright eyes will tell you otherwise. A person may deny feeling frightened, but if you put your fingers on her wrist, as a caring gesture, you may find that she has a pounding pulse, indicating agitation. When words and body language say two different things, believe the body language.

*Give nonverbal support.* This may include a smile, a hug, a wink, a pat on the shoulder, nodding your head, making eye contact, or holding the person's arm.

*Use the right tone of voice for what you are saying.* Remember that your voice tone communicates as clearly as your words. Make sure your tone does not come across as sarcastic or all-knowing.

*(continued)*

Use encouraging phrases to show your interest and to keep the conversation going. Helpful little phrases, spoken appropriately during pauses in the conversation, can communicate how much you care:

- “Oh, really?”
- “Tell me more about that.”
- “Then what happened?”
- “That must have made you feel bad.”

Remember, if you are judgmental or critical, the person may decide that you just don’t understand. You cannot be a good influence on someone who won’t talk to you.

*Source: Adapted from U.S. Department of Health and Human Services, Publication 88-1417, 1988.*

## The Many Nonsexual Motives for Teenage Sex

In recent years, researchers have begun to pay more attention to the notion that teens engage in sex for many reasons other than the satisfaction of their prodigious sexual drives. In one of the most enlightening articles on this subject, two therapists who specialize in adolescence (Hajcak & Garwood, 1989) concluded that for many adolescents, orgasm becomes a “quick fix” for a wide variety of other problems. Among these alternative motives for sex are the desire to:

- *Confirm masculinity/femininity.* For some teens, having sex with more than one partner (sometimes called “scoring”) is taken as evidence that their sexual identity is intact. This is particularly relevant to those (especially males) who consciously or unconsciously have their doubts about it.
- *Get affection.* Usually some aspects of sexual behavior include physical indications of affection, such as hugging, cuddling, and kissing. To the youth who gets too little of these, sex is not too high a price to pay to get them.
- *Rebel against parents or other societal authority figures.* There are few more effective ways to “get even” with parents than to have them find out that you are having sex at a young age, especially if it leads to pregnancy.
- *Obtain greater self-esteem.* Many adolescents feel that if someone is willing to have sex with them, others will hold them in high regard.
- *Get revenge or to degrade someone.* Sex can be used to hurt the feelings of someone else, such as a former boyfriend. In more extreme cases, such as “date rape,” it can be used to show the person’s disdain for the partner.
- *Vent anger.* Because sex provides a release of emotions, it is sometimes used to deal with feelings of anger. Some teens regularly use masturbation for this purpose.

- *Alleviate boredom.* Another frequent motive for masturbation is boredom.
- *Ensure fidelity of girlfriend or boyfriend.* Some engage in sex, not because they feel like it, but because they fear their partner will leave them if they don't comply.

Using sex for these reasons often has an insidious result. As Hajcak and Garwood (1989) describe it,

*Adolescents have unlimited opportunities to learn to misuse sex, alone or as a couple. This happens because of the powerful physical and emotional arousal that occurs during sexual activity. Adolescents are very likely to ignore or forget anything that transpired just prior to the sex act. Negative emotions or thoughts subside as attention becomes absorbed in sex. . . . The end result is that adolescents condition themselves to become aroused any time they experience emotional discomfort or ambiguity. . . . sexual needs are only partially satisfied and the nonsexual need (for example, affection or to vent anger) is also only partially satisfied, and will remain high. . . . the two needs become paired or fused through conditioning. . . . Indulging in sex inhibits their emotional and sexual development by confusing emotional and sexual needs and, unfortunately, many of these teens will never learn to separate the two (pp. 756–758).*

This is not to say that adolescents don't experience genuine sexual arousal. They definitely do, but this does not, by itself, justify sexual activity. These therapists argue that teens need to be taught to understand their motives, and to find appropriate outlets for them. In fact, this has led some experts to recommend sex education that teaches alternatives to premarital sex.

## The Janus Report

The largest, most scientifically designed study of sexuality since the Kinsey Report in the late 1940s was published just as this book went to press. Compiled by Cynthia Janus, M.D., and her husband, Samuel Janus, Ph.D., it is entitled *The Janus Report of Sexual Behavior* (1993). The study covered a wide range of sexual topics, using questionnaire and interview approaches. Its sample of nearly 3,000 adults closely resembles the adult population described in the 1990 U.S. Census. Unfortunately, because of the legal problems involved in questioning children and adolescents, the researchers sought answers only from persons 18 or older. A number of questions did involve their teen years, however, and among their most important findings are:

- Nearly one fifth of men, but only 7.5 percent of women, reported they had had full sexual relations by age 14.
- Younger women responding to the questionnaire reported much younger ages at which they had their first full sexual experience than older women, thus indicating a continuing downward trend.
- Compared to Phase One of the study (1983 to 1985) 12 percent fewer men and women remained virgins until age 18 in Phase Two (1988 to 1992).

Table 9.6

## AGE OF FIRST FULL SEXUAL EXPERIENCE BY SECTION OF THE UNITED STATES

	Northeast	South	Midwest	West
<i>N</i> =	558	928	661	573
By age 10	2%	1%	0%	3%
11–14	12	16	7	11
15–18	44	65	51	51
19–25	39	17	37	34
25+	3	1	5	1
By age 14	14%	17%	7%	14%
Over age 18	42%	18%	42%	35%

From Janus and Janus, *The Janus Report on Sexual Behavior*, Table 12.19, p. 368, 1993. John Wiley & Sons, NY.

- The South has the earliest ages of sexual initiation and the most reported premarital sex (See Table 9.6).
- Asked whether they had had at least one homosexual experience, 22 percent of men (15 percent lower than Kinsey reported in the late 1940s), 17 percent of women, and twice as many career women as women who were homemakers answered yes.
- An amazing 11 percent of men and 23 percent of women reported having been sexually molested as children.
- Of the women who had had abortions, almost 20 percent had their first abortion before they reached 18 years of age.

The results of this most recent study appear to indicate that several types of sexual experience are occurring even earlier than previous studies show.

## Sexual Abuse

Adolescents are typically abused by someone they know and trust. It is often just a continuation of abuse that started during childhood. The most common type of serious sexual abuse is incest between father and daughter (Alexander & Kempe, 1984) or stepfather and stepdaughter. This type of relationship may last for several years. The daughter is often manipulated into believing it is all her fault, and that if she says anything to anyone, she will be seen as a bad person, one who may even be arrested and jailed. The outcome is often another adolescent statistic: a runaway or even a prostitute (see Chapter 13).

Most of these offenses were discussed with friends. Very few were reported to parents, police, social workers, or other authorities. It has also been found that the effects of



## POSTPONING SEXUAL INVOLVEMENT

"Postponing Sexual Involvement" is an approach designed for use with 13- through 15-year-old adolescents. It is aimed at reducing pregnancy by decreasing the number of adolescents who become sexually involved. It was developed in Atlanta, Georgia (Howard, 1985).

This program does not offer factual information about sexual reproduction and it does not discuss family planning. Rather the program concentrates on social and peer pressures that often lead an adolescent into early sexual behavior. Particular emphasis is placed on building social skills to help adolescents communicate better with each other when faced with sexual pressures.

One main difference between this curriculum and most sex education programs is that it starts with a given value, that is, teens should not be having sex at such a young age. Everything in the curriculum is designed to support this argument. Traditional sex education programs invariably have the implicit goal of reducing teenage pregnancy, but they usually include information on birth control and reproduction so that if young adolescents choose to have sex, they can behave in a responsible manner. This curriculum avoids the double message implied in such traditional programs.

This series on "how to say no" was designed to provide young adolescents with the ability to bridge the gap between their physical development and their cognitive ability to handle the implications for such development. It was not developed to replace the provision of actual factual information about sexuality and family planning.

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abuse may influence a youth's future relationships. Directly following the experience there may be such "acting out" behaviors as truancy, running away, sexual promiscuity, and damage to school performance and family relationships.

Gruber and colleagues (1982) interviewed a group of female teenagers ranging in age from 13 to 17 who had been sexually abused. These young women were involved in a residential intervention program. Gruber found that the victims sustained a diminished self-worth and a behavioral change of their interpersonal relationships with males. In addition, VanderMay and Neff (1982), in reviewing research and treatment of adult-child incest, concluded that the long-term effects may result in promiscuity, alcoholism, sexual dysfunction, drug abuse, prostitution, depression, and even suicide.

VanderMay and Neff call for improved education to sensitize people to prevent incest, as well as improved reporting systems, legal definitions, and treatment of victims. These may help us better understand and intervene so that victims can receive professional attention earlier, which may alter the long-term effects of abuse.



“Beer goggle” sex, which refers to sexual relations that would not have occurred if the couple had not been drinking, is taking place among younger and younger teens.

---

As heavy drinking has increased among adolescents in recent decades, a problem related to date rape has intensified. College students refer to it as “**beer goggle sex.**” “Beer goggles” is another term for distortion of judgment by alcohol. This is sexual activity which the person regrets the next morning, and which would not have occurred if the person had not been drinking heavily. This phenomenon has not been studied sufficiently at this time, but we predict that scientists will be looking at it much more closely in the years to come. In the box on page 297, we compare myths and realities about this kind of sex.

It is safe to say that sexuality in the lives of late adolescents and young adults in the last decade of this century is very different from that in earlier decades (although perhaps not so different from several centuries ago). What is the relationship between this fact and the problem covered in the next section, sexually transmitted disease? This is a complex question.

## SEXUALLY TRANSMITTED DISEASES

### AIDS

Not long ago, when people thought about **sexually transmitted disease (STD)**, gonorrhea came to mind. In the 1970s, it was herpes. Today, **AIDS (acquired immune deficiency syndrome)** causes the most concern (Forstein, 1989).

## MYTHS AND REALITIES ABOUT DATE SEX

### **Myths about Sex on Dates**

1. A first date constitutes an intimate relationship.
2. A relationship means that the woman and the man should be having sex.
3. Two people involved in a physical relationship have the same motives.
4. A woman should say "yes" so a man doesn't dump her.
5. It is a woman's responsibility to do what a man wants.
6. If a man takes a woman out, she "owes" him. Or if he pays, drives, is older/more experienced. Or just because he asks.
7. Drinking relaxes people, makes them less inhibited, better able to make decisions.
8. It is immature for a man or woman to say "no."
9. If a man does not "score" there is something wrong with him.
10. If a woman says "no" to sex, it is a rejection of the man.
11. Once a man gets physically aroused, it is impossible for him to stop.

### **Realities about Sex on Dates**

1. A first date often takes place between people who hardly know one another.
2. While a relationship may be an appropriate context within which two people can have a mutually caring physical relationship, there are no "shoulds" when it comes to having sex.
3. People engage in physical relationships for many different reasons and with different agendas.
4. Fear of "being dumped" is NOT a good reason to engage in sexual activity.
5. It is a woman's responsibility to herself and the situation to do only what she feels comfortable doing.
6. A woman never "owes" a man sex.
7. Drinking may make people feel more relaxed, but it impairs judgment. Decisions made with impaired judgment may not feel okay in retrospect.
8. Maturity involves the ability to take action on one's own behalf. It is not immature to say no to something that one does not want to do.
9. The pressure for men to "score" creates unnecessary expectations on the part of both men and women.
10. Saying "no" to sex is not an implicit rejection.
11. Though it may be unpleasant for a man to stop once he is aroused, it is NOT impossible.

*(continued)*

**Myths about Sex on Dates**

12. Once a woman engages in physical contact, she can no longer say "no."
13. It is never okay for a woman to say "yes."
14. Talking about having sex is not as romantic as just letting it happen.
15. It is okay to pressure someone for sex as long as there is no physical force.
16. It is okay to physically force someone to have sex if you think that they really want to.
17. Pressured/forced sexual contact is okay as long as it doesn't involve intercourse.
18. Forced sex and rape are different.
19. Rape does not happen between people who know each other.
20. If a woman says "no," she doesn't really mean it.

**Realities about Sex on Dates**

12. Although thinking about and articulating one's intentions and desires in advance may help avoid misunderstandings, a woman can always say "no."
13. Women need to decide what *they* want to do about sex.
14. Just "letting sex happen" is not romantic, it is irresponsible and potentially dangerous.
15. Emotional pressure, even without physical force, is damaging.
16. Physical force is never okay; it is not up to one person to decide what another person wants.
17. Intercourse does not have to happen in order for sexual behavior to be coercive and therefore inappropriate.
18. Forced sex *is* rape.
19. Acquaintance/date rape is more common than stranger rape.
20. "No" means no. A woman needs to be prepared to say it if she means it and a man has to be prepared to hear it and act accordingly.

*From G. Hull, D. Margolis, and J. Dacey, an unpublished paper. Reprinted by permission of John S. Dacey.*

AIDS was first diagnosed at Bellevue-New York University Medical Center in 1979 and has quickly approached epidemic proportions. What is known about AIDS is that a virus attacks certain cells of the body's immune system, leaving the person vulnerable to any number of fatal afflictions, such as cancer and pneumonia. In addition, the disease can directly infect the brain and spinal cord, causing acute meningitis.

More than 100,000 cases of AIDS have been reported since the first diagnosis. Of these 100,000 reported cases, about 60,000 of the patients have died. AIDS now ranks 15th among the leading causes of morbidity and mortality in children and young adults. It is *first* among 15- to 24-year-old males. Keep in mind that these are only reported cases



of the full-blown AIDS disease. A combination of underdiagnosis and underreporting makes these estimates conservative at best. Studies suggest that about 50 percent of these people will develop the full-blown AIDS disease within 10 years of infection and that 99 percent will eventually develop the disease (Lifson, Hessel, & Rutherford, 1989). A 1991 report by the U.S. government (see Figure 9.1) indicates that the greatest number of deaths is among those 30 to 39 years old.

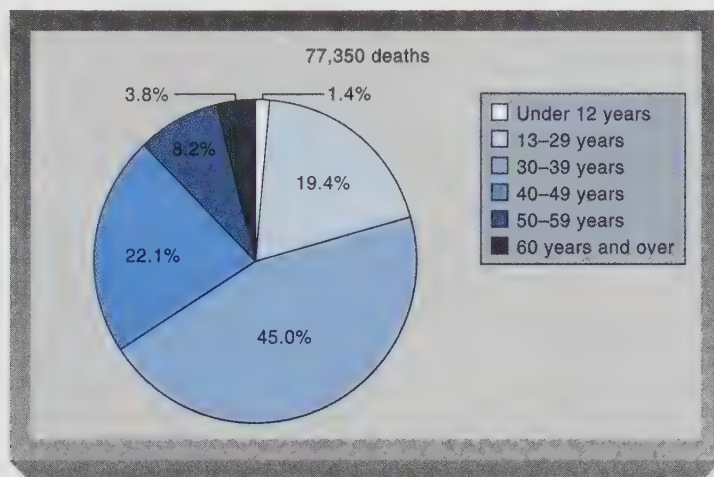


Figure 9.1 Distribution of AIDS deaths, by age: 1982 through 1989.

Source: Statistical Abstracts of the U.S., 1991.

Trends include increased reporting of AIDS in intravenous drug users, women, children, the elderly, African-Americans, Latino-Americans, heterosexuals, small cities, and rural areas (Catania & others, 1989; CDC, 1989a; Kirkland & Ginther, 1988). The only segment of society in which the incidence of AIDS is decreasing is homosexuals with no history of intravenous drug use, although this group still represents the single largest at-risk group (CDC, 1989b).

The AIDS virus is transmitted through the transfer of substantial amounts of intimate bodily fluids such as blood and semen. The virus is most likely to be transferred through sexual contact, the sharing of hypodermic needles and, much less likely, through blood transfusions (a test for AIDS is now available at blood banks and hospitals). In addition, the virus can be transmitted from an infected mother to an infant during pregnancy or birth. Figure 9.2 shows the concentrations of AIDS in each of these groups and also the percentage of AIDS cases by race or ethnicity. In some central African countries, where AIDS is thought to originate, the virus is found equally among men and women throughout the population.

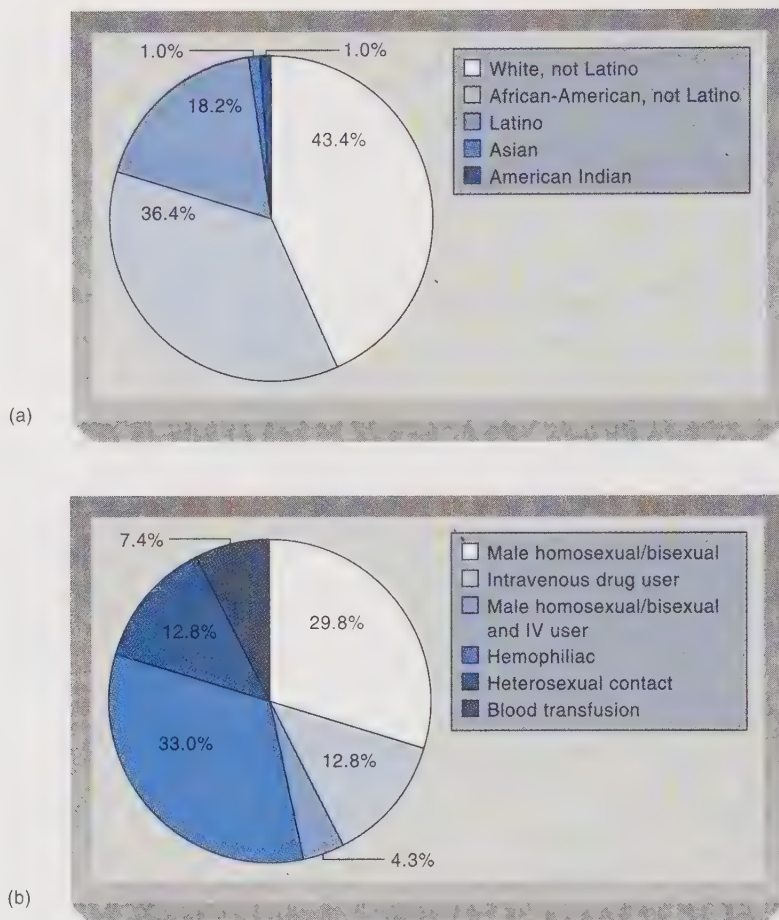


Figure 9.2 Percentage of 13- to 19-year-old AIDS Cases in the United States by (a) Race/Ethnicity and (b) Exposure Category.

Source: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Infectious Diseases, Division HIV/AIDS, "HIV/AIDS Surveillance," Atlanta, GA, Sept. 1990.

Although there is no cure for AIDS, the disease can be effectively controlled through preventive measures. Use of condoms during sexual intercourse and clean, unused needles during intravenous drug use can drastically reduce the risk of contracting the disease. Figure 9.3 reflects the improvement in protection through use of contraceptives. After a slow start, large scale education efforts by grassroots organizations, as well as by state and federal government agencies, have begun to get these messages out, but the problems remain extremely serious.

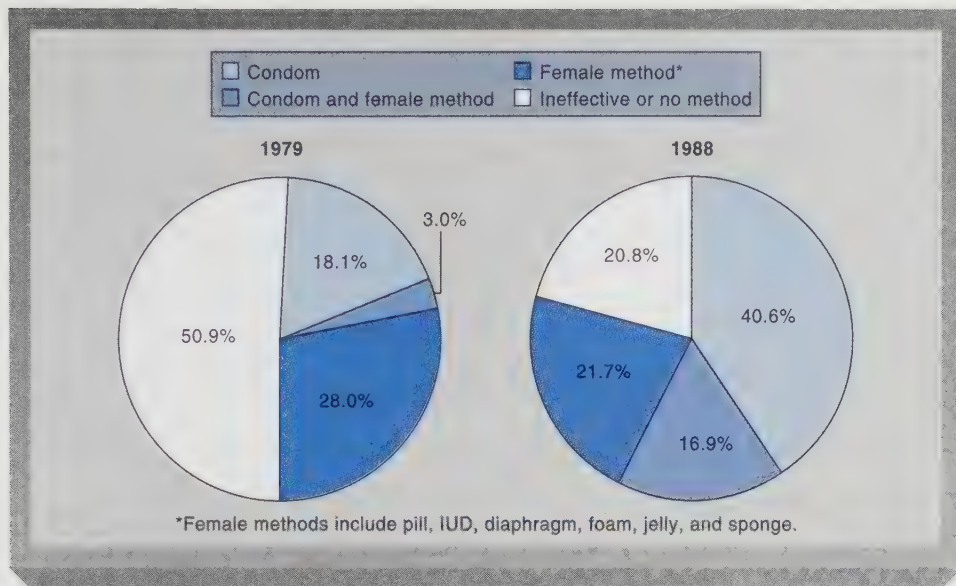


Figure 9.3 Contraceptive use among U.S. teenage males. The chart shows the percentage of 17- to 19-year-olds who say they used (or didn't use) contraceptives during their last sexual intercourse.

Source: Knox, 1989.

First of all, as mentioned, the virus has been highly identified with a few select groups. If you're not gay or a drug user, you might think you don't have to consider preventive measures. However, a person exposed to the AIDS virus may not show any symptoms for up to 15 years! Further, this same person can expose other people to the virus during this incubation phase. Some people have reacted to this by becoming more particular about their sexual partners. Monogamous relationships have been on the rise again during the 1980s after the "liberated" days of the sexual revolution of the 1960s and 1970s. And the educational message seems to be getting through as condom use increases. But many still ignore the dangers and the consequences may be years away.

This may be particularly true among adolescents. Adolescents currently constitute only about one percent of all diagnosed cases of AIDS in the United States (CDC, 1989b). But given the long incubation period and the research findings that suggest that adolescents are not very well informed about AIDS, many researchers think this may be an underestimation. Adolescents are also more prone than the general public to misconceptions and prejudices generated by the frightening new disease. This is particularly true about minority adolescents. For example, there is the misconception that AIDS can be transmitted through casual contact such as kissing or hugging someone with AIDS, or

sharing their utensils or bathroom facilities. Such misconceptions unnecessarily increase fear and anxiety in everyone. AIDS prevention efforts aimed at adolescents often have as their main goal the dispelling of such myths (DiClemente & others, 1987).

## Other Sexually Transmitted Diseases

Often lost in the public focus on the burgeoning AIDS problem is a truly epidemic increase in the prevalence of other STDs. Because of its fatal nature, AIDS gets most of the press and the major funding. But STDs such as chlamydia, gonorrhea, pelvic inflammatory disease, herpes, syphilis, and hepatitis B are running rampant compared to AIDS, particularly among adolescents. The effects of such venereal diseases range from mildly annoying to life threatening. There are more than 50 diseases and syndromes other than AIDS that account for over 13 million cases and 7,000 deaths annually (National Institute of Allergy and Infectious Diseases, 1987).

Some of the more common STDs (other than AIDS) are:

- *Chlamydial infection.* **Chlamydia** is now the most common STD, with about five to seven million new cases each year (Subcommittee on Health and the Environment, 1987). In one state, African-American and Latino female teens have rates of chlamydia infection which are over ten times higher than rates reported in white female teens (Massachusetts Department of Public Health, 1991). There often are no symptoms. It is diagnosed only when complications develop. It is particularly harmful for women. It is a major cause of female infertility, accounting for 20 to 40 percent of all cases (Hersch, 1991). Untreated, it can lead to pelvic inflammatory disease (see below). As with all of these diseases, it can be transmitted to another person, whether symptoms are present or not.
- *Gonorrhea.* The well-known venereal disease **gonorrhea** infects between 1 1/2 and 2 million persons per year. One quarter of the cases reported are adolescents (Klassen & others, 1989). Gonorrhea is caused by bacteria and can be treated with antibiotics. When penicillin was introduced in the 1940s, the incidence of gonorrhea declined dramatically. However, today the number is rising and has reached the highest level in 40 years (Hersch, 1991). The most common symptoms are painful urination and a discharge from the penis or the vagina.
- *Pelvic inflammatory disease (PID).* **Pelvic inflammatory disease** frequently causes prolonged problems, including infertility. It is usually caused by untreated chlamydia or gonorrhea. These infections spread to the fallopian tubes (see diagram in Chapter 3), resulting in PID. The scarring caused by the infection often prevents successful impregnation. There are more than one million new cases per year in the United States (Washington & others, 1986). Women who are most likely to get it are those who use an intrauterine device for birth control, have multiple sex partners, are teenagers, and/or have had PID before. PID is so widespread that it causes 2.6 billion dollars in medical costs per year!



- *Genital herpes*. **Genital herpes** is an incurable disease, with about 500,000 new cases every year. It is spread by a virus during skin-to-skin contact. Its major symptom is an outbreak of genital sores, which can occur as often as once a month. It is estimated that there are about 30 million people in this country who suffer from this infection. Unlike chlamydia, problems associated with herpes are mainly emotional and social rather than medical (Hersch, 1991). People with herpes often experience embarrassment and low self-esteem about their bodies.
- *Hepatitis B*. There were about 200,000 new cases of **Hepatitis B** in the U.S. in 1990 and it is estimated that there were 300,000 in 1991 (Hersch, 1991). This viral disease is transmitted through sexual contact, and also through the sharing of infected needles. Although a preventive vaccine is available, those who are most at risk for Hepatitis B (intravenous drug users, homosexual men, and inner-city heterosexuals) usually do not have the vaccine readily available to them.
- *Syphilis*. Like gonorrhea, **syphilis** is no longer the killer it was before penicillin. However, this sexually transmitted disease still accounts for 70,000 new cases per year. In the state of Massachusetts, 76 percent of these cases were teens of color (Massachusetts Department of Public Health, 1991). It is caused by bacteria. Its first sign is a *chancre* ("shan-ker"), a painless open sore that usually shows up on the tip of the penis and around or in the vagina. This must be treated with antibiotics or else the disease can be fatal.

Figure 9.4 depicts the relative percentage of new cases of each type of STD in the United States each year.

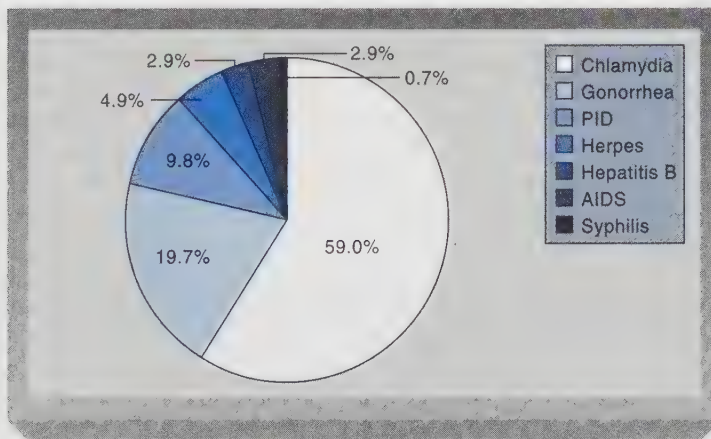


Figure 9.4 The relative percentage of new cases of each type of STD in the United States each year.

Studies have shown that the age group at greatest risk for STDs are individuals between 10 and 19 years old (National Institute of Allergy and Infectious Diseases, 1987). This is an age group that is particularly difficult to educate in any area concerning sexuality. The obstacles to education include individuals who refuse to take the information seriously, and parents who won't let the information be taught.

The **AIDS** (acquired immune deficiency syndrome) crisis and the STD epidemic have several features in common. On the negative side, misconceptions contribute to both problems. Many young people believe that only promiscuous people get STDs, and that only homosexuals get AIDS. Having multiple sexual partners does increase the risk of contracting STDs, but most people do not view their sexual behavior, no matter how active, as being promiscuous. Recent research also suggests that machismo gets in the way of proper condom use, an effective prevention technique for all STDs. A "real man" doesn't use condoms. And finally, when people do contract a disease, strong social stigmas make accurate reporting difficult.

On the positive side, the preventive and educational measures are basically the same for AIDS and other STDs: dispel the myths, increase general awareness and acknowledgment of the problem, and encourage more discriminating sexual practices or abstinence from sex altogether. Perhaps some of the educational efforts made on behalf of AIDS prevention and treatment will have a helpful effect on the current STD epidemic. Historically, the health focus on STDs has been on treatment, typically with antibiotics, but recently the Public Health Service has shifted its focus for all STDs to prevention. So perhaps comprehensive efforts of this kind that emphasize all STDs will prove fruitful.

In summary, it seems safe to say that major changes in adolescent sexual practices have occurred in recent decades. Many of them must be viewed with considerable alarm, especially when you consider the tragic increases in AIDS, STDs, and pregnancies.

## Adolescent Contraceptive Use

The dangers of sexually transmitted diseases have become more well known with the media attention given to AIDS. However, a great deal of unprotected sexual contact still occurs (Rickert & others, 1989) (see Figure 9.3). Which partner is responsible for contraceptive use? A study of adolescents found that when male teenagers first engage in sexual relations, they feel responsible for contraception, and often use condoms. As they become more experienced, however, these same adolescents were more likely to see contraception as their partner's responsibility (Pleck & others, 1988). This could be because older adolescents may be more comfortable discussing contraception with their partner (Rickert & others, 1989).

For female adolescents, making decisions about birth control can be a complicated process. Durant and his colleagues (1990) have developed a model that illustrates the factors that may affect adolescent contraceptive use. They believe that female use of contraceptives is influenced by knowledge of birth control, physical development, personality, peers, family, values, and the existence (or nonexistence) of an intimate relationship. Their model indicates that for female teenagers, making decisions about contraception can involve juggling commitments to values—their own and others.



Not long ago, condoms and other birth control devices were never discussed in “polite society.” The unfortunate spread of STDs has changed that practice greatly. In the larger cities of the United States, for example, there are now stores that sell nothing but condoms!

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## CONCLUSIONS

For the four aspects of social interaction reviewed in this chapter—autosexual, homosexual, and heterosexual behavior and sexually transmitted diseases—there is one consistent trend with which all adolescents must deal: fast-paced change. Some of this change derives from ground swells in today’s society, and some results from the nature of adolescence itself.

Perhaps nothing has had a more resounding impact on adolescent life than the recent changes in our attitudes toward sexuality. The three areas of greatest change have been in the areas of homosexuality, sexually transmitted disease (including AIDS), and earlier and more widespread participation in sex by teenage females.

Some observers have suggested that the best way to deal with each of these problems is through the schools. In the next chapter, we will acquaint you with the current situation in middle and high schools, as well as the adolescent workplace.

## CHAPTER HIGHLIGHTS

### Sexuality

- The “sexual revolution” has led to many teenagers becoming sexually active at increasingly younger ages.
- Sexuality develops in three stages: from love of self to love of members of the same gender to love of members of the opposite gender.

## Autosexuality

- Masturbation is believed to be a harmless and universal form of human sexual expression.
- It is of concern only when its practice causes emotional disturbance.

## Homosexuality

- Homosexual behavior has been surrounded by many myths throughout history.
- Several theories suggest different origins of homosexual orientation: psychoanalytic, learning, and genetic.
- Many researchers now believe that homosexual orientation may already be set in adolescence, either by genetic factors, conditioning, or a combination of the two.

## Heterosexuality

- Many teens still obtain a great deal of information and misinformation about sex from their peers.
- First intercourse is now occurring earlier than it did in past generations.
- Youths from stable family environments are less likely to engage in premarital sexual relations.
- A steady relationship with one member of the opposite gender is most likely to provide opportunity and pressure towards sexual activity.
- Television influences teenagers' standards of sexual attractiveness and behavior.
- Effective listening skills are essential for parents who wish to maintain good communication with their adolescents.
- There are many nonsexual reasons why teenagers misuse sex, including a search for affection, rebellion against parents, venting anger, and alleviating boredom.
- Many adolescent runaways and prostitutes are the products of sexual abuse, often by someone they know, a family member or parent.

## Sexually Transmitted Diseases

- Today there is a very high prevalence of sexually transmitted diseases (STDs) found in sexually active adolescents.
- AIDS (acquired immune deficiency syndrome) causes the most concern, as it is incurable at present and usually fatal. As of yet, it is not very common in adolescents, but may lie dormant in large numbers of them.
- Other STDs, including chlamydia, gonorrhea, genital herpes, syphilis, and others that affect adolescents, are increasing in epidemic proportions. We cannot help but worry that AIDS will follow this trend.
- In spite of increased availability and information about contraceptive methods, many teenagers continue to engage in unprotected sex.

## KEY TERMS

AIDS (acquired immune deficiency syndrome) 296  
Autosexuality 277  
"Beer goggle sex" 296  
Chlamydia 302  
Double standard 286  
Gay 280  
Genetic theory of homosexuality 282

Genital herpes 303  
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Sexual revolution 275  
Sexually transmitted disease (STD) 296  
Social learning 284  
Syphilis 303



## WHAT DO YOU THINK?

1. Why do you think there has been a “sexual revolution” in the past few decades? Why would it happen at this point in history?
2. In what ways has your morality about sex changed since you started thinking about it?
3. Do you agree with the theorists who claim that there are three stages in the development of love and sexuality, and that this development is natural?
4. Which do you think is the most important of the widespread changes in the sexual aspects of our lives?
5. If you were the mayor of a medium-size city, what actions would you take to try to reduce the incidence of sexually transmitted diseases?
6. If you were the mayor of a medium-size city, what actions would you take, if any, to change the sexual practices of teens in your city?

## SUGGESTED READINGS

- Calderone, M. S., and Ramsey, J. (1981). *Talking to your child about sex*. New York: Ballantine. This book offers a creative interpretation of human sexuality in a family setting.
- Capote, T. (1948, 1988). *Other voices, other rooms*. New York: Signet. Written when Capote was 23 years old, it is considered by many to be his best work. The book describes his relationships with many eccentric characters, and tells how he became aware of his own homosexuality.
- Conroy, P. (1987). *The prince of tides*. New York: Bantam. A penetrating study of the conflicts between attraction and family responsibilities.
- Fromm, E. (1968). *The art of loving*. New York: Harper & Row. By reading Fromm’s book, you will understand better what love is, how it relates to sexuality and how you can give and receive it in highly effective ways.
- Jacoby, A. (1987). *My mother’s boyfriend and me*. New York: Dial Books. Sixteen-year-old Laurie doesn’t know how to handle it when her mother’s 27-year-old, handsome, blue-eyed boyfriend starts making advances.
- Tannahill, R. (1980). *Sex in history*. New York: Ballantine. This lively book describes the role of sex down through the ages.

## 10

Cognitive skills are not the only outcome of schooling. Educators claim schools teach virtues ranging from patriotism and punctuality to curiosity and creativity. Critics claim that schools teach an equally wide range of vices, ranging from competition and conformity to passivity and authoritarianism.

*Seymour Sarason*

## EDUCATION AND WORK

*The American Education of Adolescents**Functions of the Schools**The Crisis in the American Secondary Schools**Early Adolescence and the Transition to Middle School**Academic Tracking and Adolescent Education**Gender and Racial Bias in Secondary Schools**The Role of Intelligence Tests**The High School Dropout**The Academically Successful African**American Adolescent**Improving the Schools: Sizer's Approach to Alternative Schools**Work and Vocational Choice**Theories of Vocational Choice**Influences on Vocational Choice**The Working Teen**Conclusion**Chapter Highlights**Key Terms**What Do You Think?**Suggested Reading*

# THE AMERICAN EDUCATION OF ADOLESCENTS

Most American adolescents spend many of their waking hours within the walls of our nation's secondary schools. This was not always the case. In the last century, only the children of the rich attended secondary schools. Continuation in formal academic education beyond the elementary level was considered unnecessary for those who were not entering the professions. Many youth learned their trades informally through watching their parents or other adults in the community. The first U.S. high school, the Boston English School, was founded in 1821. In 1900, just 10 percent of the U.S. population attended high school. Today, nearly all American teenagers between the ages of 14 and 17 are enrolled in our nation's high schools (Murphy, 1987).

While high school attendance has become common in this century, controversy over the role and importance of schools has increased. By the 1960s, all states required school attendance to at least 16 years of age. At the same time, evaluators of our nation's schools (e.g., Coleman & others, 1966; Jencks & others, 1972) claimed that schools had little effect on the behavior and achievements of students. Other critics have seen the schools as the cause of many of society's problems (Lightfoot, 1978). Following the claims that schools were damaging or, at best, unimportant, other writers (Rutter & others, 1979; Madaus & others, 1979) maintained that schools can be effective and can make a difference in the development of the nation's children and adolescents.

Controversy concerning our secondary schools continues today. Many writers note that the schools are being expected to fulfill functions, like moral development and sex education, previously accomplished in the home or the church. While our expectations concerning what schools should be able to accomplish are high, the public image of the American high school as shown in television and movies is not positive. What do Americans expect of their secondary education system and how successful is that system in meeting those expectations? The first half of this chapter will examine the functions of schools in American society, criticisms of the American middle school and high school, and suggested models for improving our schools. The second half of this chapter focuses on the importance of work and career development during adolescence.

When you finish this chapter, you will be able to:

- List three functions of the American schools and evaluate how well secondary schools are fulfilling these functions.
- Describe the developmental needs of early adolescents and how well they are met by the structure and organization of the middle school.
- Discuss recommendations for improving secondary schools as suggested by the Carnegie reports and current psychologists.
- Describe four groups of adolescents and their reasons for dropping out of high school.
- Explain matching, developmental, and sociological theories of career choice and how they can be applied in counseling adolescents.
- Explain the ways in which family, gender, and race influence and limit vocational choice.
- Discuss the advantages and disadvantages of employment for high school students.

## Functions of the Schools

According to Busch-Rossnagel and Vance (1982), schools are expected to fulfill three functions.

- *Literacy.* All American children, regardless of social class, are expected to learn basic literacy skills in reading, writing, and arithmetic. Prior to the Industrial Revolution, academic skills were not important to many trades. With the growth of industry, however, a more educated work force was needed. The technological changes of recent years have further raised the level of education needed for many jobs.
- *Transmitting social values.* Schools are expected to teach children the dominant social values of the society. Through school, they learn self-discipline, social skills, such as how to get along with other children and adults, and acceptable standards of behavior. The social values taught within our schools largely reflect the standards of the middle-class society.
- *Improving society.* By teaching all children literacy skills and social values, regardless of socioeconomic class, the schools are viewed as a way of curing the negative effects of poverty. School lunch programs and medical care offered through the schools are other ways in which the schools hope to reduce social and economic inequalities.

## The Crisis in the American Secondary Schools

Are American middle schools and high schools fulfilling the functions described above? According to recent reports, American secondary schools are falling short in a number of areas.

While a number of reports have evaluated the status of American secondary education within the last decade, two of the most influential include those sponsored by the Carnegie Foundation. Middle schools were evaluated through the report, *Turning Points: Preparing American Youth for the 21st Century* (Carnegie Council on Adolescent Development, 1989), sponsored by the Carnegie Council on Adolescent Development. Secondary education in the United States was evaluated by an earlier report of the Carnegie Foundation for the Advancement of Teaching, entitled *High School: A Report on Secondary Education in America* (Boyer, 1983). Both of the above reports identified serious challenges confronting our secondary schools, which centered on improving the academic quality and the equity of our educational system. Later reports (Hechinger, 1993; Mullis & others, 1991; Secretary's Commission on Achieving Necessary Skills, 1991) have bolstered the positions taken in the Carnegie reports, which came to a number of disturbing conclusions.

- *Academic quality.* The world is changing rapidly in ways that are shaped by advances in science and technology. One consequence is that more highly skilled workers are needed. With rapid changes in science, an adolescent growing up today may have to adapt her skills to a number of different jobs during her working years. If our nation expects to be able to compete economically with the other nations of the world, we need to prepare our youth with an education, especially in math and science, that surpasses that of other nations.



### Are the Schools to Blame?

According to statistics cited on the next several pages, the American middle school does not appear to be fulfilling the primary function of education—to provide an adequate level of literacy to the majority of American students. While those statistics clearly tell us that we have to do a better job of educating our young people, some writers are less critical of the school system itself.

Entwisle (1990), for example, says that schools alone *cannot* make up for the pathologies of society, including poverty, discrimination, inadequate job opportunities and poor parenting. All of those factors are a strong influence in adolescents' lives. Fine (1986) suggests that if all students graduated from high school, there still would not be enough good jobs for everyone. She suggests that in addition to reforming schools, we must improve job opportunities, housing, and health care services. Focusing just on the schools as a source of our problems, she believes, keeps us from looking at the broader range of social and economic problems.

Murphy (1987) points out that other nations are not necessarily more successful in educating all of their students. Some nations, for example, separate and select out students based upon test scores. Their overall test scores look better because low-achieving students have been systematically tracked out of the higher academic courses. The democratic ideals of our school system may result in statistics which appear unfavorable in comparison with other countries.

Wohlage and Rutter (1986) argue that the schools are obligated to create a learning situation in which all youth can be successful. Schools should not be excused from their responsibility because some students are poor or do not speak English or come from single-parent homes.

How much are the schools to blame for the mediocre achievement of our middle school students and to what extent are other social factors responsible? How strong an influence is the school on the lives of adolescents? How does that influence compare with that of the family, the peer group, and the media? How do the democratic values of our educational system affect achievement? What is your opinion?

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While our economy demands a highly educated work force, statistics indicate that we are not doing a good job in meeting that demand. American 13-year-olds have been found to be far behind adolescents of the same age in other industrialized nations in math and science achievement (Lapointe & others, 1989). The National Assessment of Educational Progress (NAEP), an assessment program sponsored by the federal government, found that just two-thirds of eighth-grade students demonstrated mastery of fifth-grade skills, such as multiplication and division of whole numbers, and only 14 percent demonstrated success consistent with seventh-grade skills, such as

fractions, decimals, and simple algebra. Only 5 percent of high school seniors showed the understanding of geometry and algebra needed for further mathematics education (Mullis & others, 1991). Thus, many students appear to be graduating from high school without the level of mathematics preparation needed for college work or employment in areas of increasing growth (such as technology).

- *Social and economic equity.* By the year 2000, one-third of the students graduating from our nation's colleges and universities and entering the work force will be African-American or Latino. By the year 2020, it is expected that half of all American school children will be non-white (Natriello & others, 1987).

While the numbers of African-American and Latino youth attending our high schools are increasing, the schools have been least successful in educating these youth. The gap between the quality of education offered at the best and the worst high schools has increased. Ten to fifteen percent of American students receive an outstanding education in their high school. For another 20 to 30 percent, high school is an academic failure. Minority youth are more likely to be held back in school and are more likely to drop out of school than white youth. Many leave school before reaching high school. For example, close to four out of every ten Latino youth drop out of high school. Half of those who drop out never even entered high school (U.S. Census Bureau, 1986). School dropouts are two times as likely to be unemployed as high school graduates, and the jobs they do obtain often do not pay enough to support a family (William T. Grant Commission on Work, Family and Citizenship, 1988). According to this data, American secondary education is not adequately fulfilling its third function—reducing social and economic inequalities.

The *High School Report* by the Carnegie Foundation for the Advancement of Teaching suggested a series of steps, listed below, that should be taken to develop both excellence and equity in our high schools:

- Four essential goals are recommended for all high schools, including helping students to think critically and communicate effectively, to learn about their human heritage and how to get along with other peoples, to be able to find work and/or enter higher education, and to fulfill their social and civic obligations through school and community service.
- Today's graduates should expect to change jobs several times in the future and must have a broad basic education on which to build. All high school students need to be taught to read and speak effectively using the English language. The high school should have a core curriculum for all students covering traditional subjects, such as history, math, and literature, as well as foreign languages, studies of non-Western nations, the meaning of work and the importance of health. Electives during the last two years of high school would provide the opportunity to explore career choices or to take advanced academic subjects.
- Schools and teachers need to be assisted in using technology and computers in the schools in ways which will improve students' learning. All students should learn about the social importance of technology, of which the computer is a part.

- Connections need to be made with higher education and the business world. These partnerships can help to enrich the educational programs offered by the schools and can be used to better prepare students for the transition from high school to college or the world of work.
- In order to smooth the transition from school to adult life, class schedules need to be more flexible and allow for learning both in school and in the community. Greater flexibility in school size and use of time will help schools meet the needs of more students.

## Early Adolescence and the Transition to Middle School

The crises of the American middle school and high school extend beyond issues of curriculum and academic achievement. The functions of the school, as outlined at the beginning of this chapter, include the social development of adolescents as well as the development of academic skills. In fact, as Entwisle (1990) points out, secondary schools affect the physical, emotional, moral, prevocational and political development of American teens.

As you will recall from previous chapters (see Chapters 6, 7, and 8), the transition to middle school (or junior high school) is a period of increased social and emotional difficulty for some early adolescents. Conflicts with parents, when they occur, are most likely to take place during the stage of puberty. Early adolescents typically turn their attention to peers and are exploring the world in ways that can be risky to their physical and emotional health. Exploration with drugs and alcohol during these years can put them at risk for later addiction. During this period of change, some of them feel isolated and confused.

As young adolescents move from elementary to middle school or junior high school, some students become less involved in school learning, and rates of absenteeism, drug abuse, and dropping out increase. Simmons and Blyth (1987) completed a large study on the transition from elementary to junior high school. In comparison with students who remained in an elementary school setting through grade 8, those who entered junior high schools had less positive attitudes towards school, achieved lower grades, and were less likely to participate in extracurricular activities. Girls displayed a drop in self-esteem and leadership skills following entry into junior high school and did not regain those losses throughout the high school years. Boys attending junior high schools were more likely to be robbed, threatened or beaten, compared to boys attending the seventh and eighth grades in elementary settings. Their findings demonstrated furthermore that being robbed or beaten at school has a negative effect on self-esteem. Other authors (e.g., Lipsitz, 1984; Lightfoot, 1983) have also emphasized the importance of physical safety to student academic growth and emotional well-being. Simmons (1987) believes that students are forced to make the transition into larger and less-protected school settings before they are developmentally ready. She recommends that changes in school settings be more gradual (that is, junior high schools or middle schools should be more like elementary schools in structure), and students should not be expected to adjust to other life changes (e.g., changes in family and pubertal status) at the same time.





The move from elementary school to middle school presents numerous social, academic, and emotional changes.

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The authors of the *Turning Points* report and other researchers (e.g., Eccles & others, 1993; Entwisle, 1990) also believe that there is a mismatch between the developmental needs of early adolescents and the structure and curriculum of our middle schools. This mismatch is thought to contribute to declining school involvement. At a time when early adolescents are confused and unsure of themselves, they move from smaller, more closely supervised school settings, to much larger schools, in which they feel no one cares about them. Middle school students suddenly have a large number of teachers, but feel that they know few, if any, of those teachers well. The teachers are often viewed as being less understanding and more controlling, at a time in their lives that adolescents are seeking more independence.

The friendships that students enjoyed during elementary school are often disrupted, as different and larger groups are formed. Some early adolescents do not feel they belong to any of the new groups found in middle school. They are not finding the social recognition they need because in larger schools more students are overlooked and many do not participate in any school activities.

Eccles and Harold (1993) voice concern over the decline in parental involvement that generally occurs as children move from elementary to secondary school. Contrary to the popular beliefs that adolescents desire and need independence, a growing body of research indicates that parental involvement is critical to children's academic success at all grade levels. "Adolescents may indeed want greater autonomy, but they still need to know that their parents support their educational endeavors. They need a safe haven in which to explore their independence, a safe haven in which parents and schools are actively



Review the recommendations of *Turning Points* and the *High School Report*. Then think back to the middle school and the high school that you attended. Which of the recommendations were being carried out in the schools you attended? Which recommendations would have made your schools a better place of learning for you?

involved” (Eccles & Harold, 1993, p. 275). Parents, teachers, and school administrators need to recognize the importance of parental involvement. Large and impersonal middle schools and high schools need to find ways to increase contact and communications between teachers and parents.

According to recent research, school size does not seem to make a difference in academic learning as measured by standardized achievement tests. However, secondary schools (including middle schools, junior high and high schools) that are relatively small (between 500 and 1,000 students) offer personal benefits for students. Almost all secondary schools have a student newspaper, band, student government, and other organizations. Within small schools, more students, and less-capable students, have the opportunity to participate in these and other activities. Participation in school activities increases chances for positive interactions with teachers and other school authorities. Although after-school clubs and sports teams are often considered fringe benefits for youth and tend to be eliminated when school budgets are tight, recent research suggests that those activities are vitally important. In schools where participation in extracurricular activities is high, participation in at-risk behaviors, such as alcohol use, sexual activity, attempted suicide, and delinquency, is relatively low (Blyth & Roehlkepartain, 1992). It seems that these activities provide teens with a sense of belonging, help them develop skills and positive values, and provide a constructive way of contributing to the school and community. Large schools tend to have more behavior problems than smaller schools. This may be because in smaller schools students are more likely to know their teachers well and feel responsible for their behavior. Small schools are often better able to meet and respond to the needs of individual students (Entwisle, 1990; Minuchin & Shapiro, 1983).

The authors of the *Turning Points* report believe that the following suggestions would enable middle schools to better meet the cognitive, emotional, and social needs of early adolescents.

- Create small communities for learning where relationships with peers and adults are close, stable, and respectful. In order to make larger schools more intimate, students and teachers would be grouped together in teams to form schools-within-schools.
- Teachers who are expert at teaching young adolescents and who are trained specifically for working with that age group should be hired.

- Families should be involved in the schools of their children by giving them a role in developing school policy. School staff should communicate with families about student progress and help parents to support their children's learning at home.
- Schools should be closely connected with the communities they serve. Community resources should be used to enrich educational programs. Students should provide service to their communities through placement in youth service programs.

## Academic Tracking and Adolescent Education

Middle schools and high schools differ from elementary schools in many ways, including academic tracking. Most secondary schools offer a number of "tracks," which students choose or are assigned to based upon their ability. A student who is not interested in attending college can choose a general track or a vocational track. While tracking makes sense in many ways, the practice has also been heavily criticized. Those who favor tracking argue that it assists teachers in meeting the learning needs of students. When students with different ability levels are grouped in the same class, it can be difficult for a teacher to prepare lessons appropriate for all students. Critics of tracking argue that it deprives some students of an equal education and reinforces privileges associated with social class. Existing research studies provide some support for both of these views (Hallinan, 1991).

Some evidence suggests that ability grouping and exposure to many teachers benefit the economically advantaged, but not the disadvantaged, students. Students and teachers have higher academic expectations for high-track students, and high-track students are more likely to attend college. Furthermore, the most skilled and most experienced teachers are often assigned to high-track classes (Gamoran & Mare, 1989). Economic resources in the form of new textbooks, better science laboratories, and counseling services are invested more often in the high-track, rather than the low-track programs (Rosenbaum, 1991). Parents who have the most education seem to be more successful in advising their children and working with the school system so that their children are placed in higher track math courses (Useem, 1991). Economically disadvantaged students have been found to do well in some Catholic schools, which offer fewer tracking choices and in which all students are expected to achieve in the college preparatory track (Lee & Bryk, 1986). Students from economically disadvantaged families have also been found to do better when taught by a small number of teachers (Becker, 1987).

Rosenbaum (1991) suggests that many of the motivation and discipline problems observed among high school students are associated with tracking. Students who are not planning to attend college may have little motivation to study in high school. Rosenbaum believes that tracking systems need to be more flexible. That is, students in non-college tracks should be able to move into college tracks if they so desire. When tracking systems eliminate the possibility for students who are in middle school or high school to attend college, it is not surprising that those students have little motivation for academic study. Rosenbaum suggests, in addition, that employers need to reward work-bound students for getting good grades. Employers should consider school grades and teacher evaluations in hiring high school graduates. Simmons (1987) believes that secondary schools need to



Schools have been criticized as biased against girls. Critics charge that girls receive less teacher praise and encouragement than boys and are less likely to be responded to when raising their hands.

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reward multiple talents. Since only a few students can achieve high levels of academic success, those who are less successful are likely to feel discouraged and alienated at school. They may turn to negative peer groups as a way of achieving status.

Although more research is needed to resolve the tracking question, it appears that recent educational trends toward more academic tracking at an earlier age may not be meeting the needs of many adolescents and may be a source of bias in the schools.

## Gender and Racial Bias in Secondary Schools

Critics of American secondary education point to the need for a work force highly educated in math and technology. Adolescent girls and non-white males in general lag considerably behind white males in the development of math and technical skills (Asian-Americans are an exception) and in completing higher education. Although high school girls have higher grade point averages than boys, they complete fewer years of post high school education (Entwisle, 1990). While blame for the lagging performance of girls and African-American males can be placed on the family and the culture at large, secondary schools have also been criticized as sexist and racially biased.

A recently issued report sponsored by the American Association of University Women, entitled *Shortchanging Girls, Shortchanging America* (Bailey, 1992), maintains that school curricula are biased against girls. Teachers provide more attention and encouragement and have higher achievement expectations for boys than for girls. In Chapter 6, we described how these practices can negatively affect the self-esteem of adolescent girls. Of additional concern are the ways in which educational practices reinforce gender stereotypes and discourage girls from achievement in math and computer science.



Charges of gender bias in education are not new. Previous research indicates that males are more likely than females to be assigned to high-ability math groups and are more likely to be the object of praise, personal statements, encouragement and jokes, as well as disciplinary comments (Brophy, 1985; Eccles, 1984; Hallinan & Sorenson, 1987). Susan Bailey, principal author of the AAUW report, was disheartened to learn that adolescent girls continue to receive the same message at school as they did during her high school days—that only boys should excel in math (Graham, 1992).

It seems, however, that the positive attention and high expectations given to white males do not extend to African-American males. Research suggests that teacher expectations are lower for African-American males than they are for African-American females (Ross & Jackson, 1991). African-American males, who are independent and nonsubmissive, are viewed as least capable and most threatening by their teachers. One college admissions officer described the situation in this way, "At any sign of wild behavior or rambunctiousness, that student (African-American male) is automatically labelled as special and tracked into courses that aren't even going to prepare him for high school, let alone thinking of college" (Bloom, 1991). Fewer African-American males are applying to college and those who do are often discouraged from entering challenging academic courses. One college junior who attended a vocational high school was told by his college advisor, "We don't think you can make it from that high school. You don't have the courses." This highly motivated young man, however, entered the college's remedial program and is ready to transfer into the engineering curriculum, which he had initially been denied because of lack of preparation.

Criticism of education as sexually and racially biased has contributed to debate over the advantages of single-sex and racially segregated institutions. While single-sex education, at both the high school and college level, became increasingly unpopular during the 1980s and 1990s, recent research and the popular press suggest that single-sex schools may offer girls more opportunity to hold positions of leadership and develop skills in math and technology without being labelled as unfeminine. Girls can concentrate on their academic learning without worrying what the boys will think. Advocates of coeducation point out that what is needed is a more equitable environment in coeducational institutions. Susan Bailey points out, "How else will boys learn of the strengths and abilities of girls if they can't learn with them?" (Graham, 1992).

Some people believe that the practice of testing, especially intelligence testing, also contributes to bias in education.

## The Role of Intelligence Tests

Intelligence tests are used in our country to make important decisions. For example, test results are sometimes used to make decisions about admissions to schools, to place students in special education classes, and to select people for jobs. The definition of intelligence and the use of IQ tests have, however, been the focus of much debate.

One of the reasons that intelligence testing has been the focus of heated debate is that different average scores have been obtained for different racial groups. As much as a 15-point difference has been reported between the average score obtained for white and



### SHOULD AFRICAN-AMERICAN MALES BE EDUCATED SEPARATELY?

A new and controversial initiative in the education of African-American males is the **immersion school**. The immersion school is designed to address the emotional, social, and academic developmental needs of the African-American male student, by providing an educational program that is segregated by race and gender. The curriculum reflects African-American culture and provides successful African-American role models as teachers and student advocates. Students are involved in local political and economic activities, to provide a "rite of passage" and help them feel more comfortable participating in business and government. One immersion middle school opened in Milwaukee, Wisconsin in the fall of 1991. While the effectiveness of the school is yet to be seen, advocates believe that students will improve both in academic achievement and self-esteem.

Critics, such as Diane Ravitch of Columbia University and Blandina Ramirez of the American Council on Education, maintain that segregated education is undesirable. The preferred solution, they maintain, is to improve the educational system as a whole (ASCD, February 1991). Instead of separating students by race, some research suggests that peer tutoring and cooperative learning, in which students of different races work together, foster positive interracial relations, as well as improved self-esteem and academic achievement (Slavin, 1983).

Existing research does not provide clear guidance concerning the consequences of desegregation. Many schools have been desegregated by law, but have not achieved true integration where students of all races are treated equally and participate equally in school activities. Some findings suggest that African-American students do slightly better academically in schools where most of the students are white (Longshore & Prager, 1985). This may be because teachers in white middle-class schools expect students to achieve more, present more difficult material, and thus improve student learning. Benefits of desegregation, when they are identified, appear to be stronger at the elementary school level. Attending predominantly white schools can be difficult socially for some African-American adolescents, who sometimes find themselves excluded from social events. Developing a strong sense of racial pride and identity can also be a greater challenge for minority adolescents when they attend predominantly white schools (Ward, 1990). Whether immersion schools can foster positive academic, social, and racial identity development in African-American males is yet to be determined.

African-American children (Sattler, 1988). In addition, a greater percentage of minority, in comparison with white children, are placed in special education classes for the “educable” mentally retarded.

In explaining the differences between majority and minority groups, it is critical to remember that these scores do not reflect differences in aptitude or capacity. White students should *not* be viewed as more “intelligent” or as better able to learn. Low scores may indicate a need to improve educational systems (Sattler, 1988). Within our country, children who come from wealthier families attend better schools and benefit from learning opportunities not offered to less-advantaged children. When African-American and white children from the same socioeconomic status are compared, the difference in performance between the two groups drops to less than 5 points. It is also important to remember that there is much variation in IQ scores among all racial and ethnic groups. Many Latinos and African-Americans obtain scores in the highest range on intelligence tests.

The content of intelligence tests represents the values of white middle-class American culture and, hence, are biased against other populations. The results of testing do not mean much if the person has not had the opportunity to learn the language or the content of the white, middle-class culture. It would obviously not make sense to give an IQ test to someone who does not speak English or who has just arrived from another country. What would their failure mean on a question such as, “In what month does Labor Day fall?”

What is important or useful in one culture may be different in another culture. The work of some psychological researchers provides a classic example of how culture influences thinking (Glick, 1975). They asked African farmers to group a variety of common objects according to how they thought they belong together. The farmers sorted objects together based on their *function*. For example, the knife was put with an orange. According to Western views of intelligence, the correct method was to sort by *category*—all food together and all cooking utensils together. Before deciding that these farmers were not intelligent, the researchers decided to ask them to sort the objects the way a “fool” would. Then the farmers sorted according to Western theory! Obviously cultural training, and not intelligence, accounts for the differences here.

## The High School Dropout

Critics of the American middle school and high school point out that the American schools are not meeting the educational needs of many youth, especially those who are poor, Latino and African-American. Socioeconomic status and race/ethnicity are the two background characteristics most related to dropping out of high school. Dropout rates occur most often among Latino youth, followed by African-American adolescents, and then white youth. *Poverty, however, is the greatest determinant of who drops out of school.* Students from poor families are more likely to drop out of school than those from families with more money, regardless of race. High school dropouts are also more likely to come from single-parent homes, from large families, and live either in the South or in large cities. Dropout rates of as much as 40 to 50 percent are reported for inner-city high schools. Poor school performance is also characteristic of dropouts. Dropouts generally



Some urban adolescents leave high school because of responsibilities at home, such as caring for younger brothers and sisters.

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have low school grades and low scores on standardized tests, have no plans for college, and are likely to miss school often or be in trouble for their behavior (Ekstrom & others, 1986; Wetzel, 1987). Those who drop out of high school are more likely to be unemployed, will have fewer job choices, and are more likely to be dependent upon welfare in their adult lives (Gibbs, 1984).

The above description of the high school dropout tells us little about *why* poor, inner-city youth from single-parent homes are more likely to drop out of school. In order to better understand this, Michelle Fine (1986) interviewed students who had dropped out or had been discharged from a New York City high school. Only 20 percent of the students who entered this school as ninth-graders actually graduated from twelfth grade. Her interviews with former students identified four types of individuals who dropped out for different reasons.

- Many adolescents leave school because they do not believe that a high school diploma will give them a better future. They believe that there are few jobs available, whether or not they have a diploma. Many youth know friends and relatives who have diplomas and are unemployed. They also know people who did not graduate from high school, but are making a good living, often from illegal activities like drug sales. These adolescents are critical of the schools and are angry that the schools have not served them better.

- Another group of students leaves because of other responsibilities. They need to earn money or help out their families. Sometimes this means watching younger brothers and sisters or caring for sick relatives. Urban adolescents sometimes feel they need to assist their families in obtaining health services or housing or picking up a welfare check. This is often true when adult family members speak little English.
- A third group of students leaves because they are overwhelmed by the poverty in their lives and are discouraged about their futures. They feel that it is already too late for them to improve their lives. Pregnant teenage girls may hope instead that their babies will have a better life. The content of the school curriculum seems to have little to do with the everyday realities of their lives. At school, they are mostly encouraged to be passive and listen and not to express their opinions. The teachers generally come from different racial, ethnic, and class backgrounds. Students feel that most of the teachers do not understand their lives. All of these factors contribute to adolescents' disinterest in school and eventual dropping out.
- A fourth group of students leaves school because they feel they are not welcome there. These are the students who often cut class and talk back to teachers. These youth and their parents feel that school administrators are eager to get them to leave school as soon as legally possible. Rather than looking for ways to help students do better at that time, the schools feel that it is too late. School practices, such as referrals to the dean, detention slips, and behavioral contracts, are interpreted by these youth as signs that they are not welcome at school. While it is no longer legal to expel pregnant teens from school, some young women said that they left school because they did not feel welcome at school once their pregnancy was known.

After observing in the school and talking to teachers and administrators, Fine believes that the schools maintain the social class structure in our society. That is, rather than improving society (the third function of the schools discussed previously by Busch-Rossnagel and Vance), the schools contribute to a cycle of poverty among inner-city Latino and African-American youth.

Out of concern with the increasing number of adolescents who are dropping out of high school, Wehlage and his colleagues (1989) sought to identify the characteristics of high schools that are successful in keeping and graduating their students. They conducted a national search and identified 14 schools that were "effective" in working with at-risk adolescents and preventing dropouts. The most outstanding characteristic of the successful schools was their ability to provide a sense of belonging among students. The schools were able to provide a supportive environment which helped the students to overcome obstacles that usually would have lead them to drop out. Teachers, for example, were highly committed to the education of their students and believed that they had the freedom and resources needed to develop programs that met the unique needs of their students. Instead of worrying about whether all aspects of the curriculum were covered, these educators tried to fit the curriculum to the needs of the students. Some students looked for supportive guidance from their teachers. Others sought vocational experiences that would prepare them for employment. Others, such as pregnant teens and mothers,



responded best to courses in child development. The commitment and caring of the teachers and their ability to direct their teaching to the immediate concerns of the students appeared to be key factors in dropout prevention.

## The Academically Successful African-American Adolescent

Much recent writing and research has focused on African-American youth who are not being well served by our nation's schools, as evidenced by poor academic achievement and dropping out of school. (Much less scientific research has been done on other non-whites.) It is important to recognize that many African-American youth succeed, despite social and economic hardships. Recent statistics reveal that the percentage of African-Americans between the ages of 35 and 44 who completed at least four years of college doubled (from 8% to 16%) between 1980 and 1990. The percentage of African-Americans who had graduated from high school also increased from 63 percent to 80 percent during the same ten-year period (Bovee, 1991). Between 1976 and 1992, the average SAT scores of African-American students rose 20 points on the verbal section and 31 points on the math section. During the same period, scores of white students dropped 9 points on the verbal and 2 points in the math SAT (Henry, 1992).

Several researchers have decided to study African-American youth who are academically successful, even though their families are economically poor. Lee (1985) developed a profile of successful African-American youth who were attending rural schools in the southeast United States. Although we do not know if this profile describes successful urban youth, it does suggest some ways in which the negative effects of poverty can be reduced by caring family, friends, and adults who provide guidance and encouragement, and through positive school experiences.

Students in grades 9 through 12, who were described by their teachers as successful academically and socially, described themselves as close to their families. They felt that their parents provided them with strong direction and guidance. Extended family members such as grandparents were often important in providing encouragement and listening to problems or concerns. These students also described close relationships with friends and adults outside the family, such as pastors, godparents, neighbors, and family friends. Parents, political and religious leaders (e.g., Dr. Martin Luther King, Jr.), sports figures, and entertainers were described as important heroes and heroines.

Most of the students also expressed strong religious beliefs and conservative moral attitudes about right and wrong. Successful students participated actively in school and church activities, but tended to limit their involvement in other community activities. These students had positive feelings about school and expected to continue their education beyond high school and be successful in future careers. They viewed themselves positively, had a realistic sense of their limitations, and felt that they had a reasonable amount of control in shaping their lives.

A number of other initiatives have been suggested to improve our secondary schools. We will now review several of these.

### MAKING THE MOST OF COLLEGE

Much has been made of the educational problems surrounding the urban African-American community. Dropout rates tend to be high. Students who do complete high schools and enter college are often underprepared for the college environment, due to the poor secondary school training common in urban settings, as well as other social influences. Consequently, these men and women may have difficulty making the transition into college life.

Carroll (1988) examined a college discovery program designed to enhance the undergraduate experience for African-American freshmen who arrive at college educationally underprepared. She discovered that the role of the counselor and the scope of the counseling services were very important in the retention of these students. In addition, it was found that if these students were encouraged to set their academic goals high, they were more likely to be satisfied with whatever results emerged.

It seems that a thorough and consistent counseling program, which emphasizes motivations, attitudes, career choice, and effective study habits, will assist African-American integration into the college environment. It should also be noted that students benefit by being encouraged to pursue bachelor's degrees.

### Improving the Schools:Sizer's Approach

Theodore Sizer (1984), former Dean of Education at Harvard, suggests that there are five imperatives for better schools<sup>1</sup>:

1. Give room to teachers and students to work and learn in their own, appropriate ways.
2. Insist that students clearly exhibit mastery of their school work.
3. Get the incentives right, for students and for teachers.
4. Focus the students' work on the use of their minds.
5. Keep the structure simple and thus flexible.

*Giving teachers and students room* to take full advantage of the variety among them implies that there must be substantial autonomy for each school. For most public and diocesan Catholic school systems, this means the decentralization of power from central headquarters to individual schools. For state authorities, it demands the forswearing of

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1. From Sizer, Theodore R., *Horace's Compromise: The Dilemma of the American High School*, First Edition. Copyright © 1984 by Houghton-Mifflin Company. Used with permission.

## Can Standardized Tests Improve the Schools?

In 1991, President Bush announced a plan for educational reform called America 2000 (U.S. Department of Education, 1991). Part of the President's plan was the development of a new American achievement test, covering the core subjects of English, math, science, history, and geography.

Supporters of the movement for a new national test (e.g., Finn, 1991) hope that the tests will motivate students and teachers to work harder. By providing teachers and students with feedback concerning their performance, it is hoped that the results will improve the quality of teaching and increase student motivation and learning. The tests are also expected to contribute to the development of a national educational curriculum, so that the same content will be taught in all schools throughout the nation.

Critics of the testing movement argue that increased standardized testing will have negative effects on teaching and student learning. For example, the kind of flexibility and decentralization in education advocated bySizer (1984) would be less feasible. Instead, teachers are more likely to teach the content and form of the standardized test to be sure that their students will do well. In order to prepare for the tests, teachers may focus on teaching rote facts, rather than encouraging creative thinking and problem solving (Haney, 1991). Some research suggests that testing only serves to further discourage poor students and increases school dropouts (Kreitzer & others, 1989).

Do you support the movement for national standardized testing? Will it improve or hinder the efforts for educational reform?

detailed regulations for how schools should be operated. It calls for the authorities to trust teachers and principals—and believe that the more trust one places in them, the more their response will justify that trust. This trust can be tempered by judicious accreditation systems, as long as these do not reinfect the schools with the blight of standardized required practice.

*The purpose of decentralized authority is to allow teachers and principals to adapt their schools to the needs, learning styles, and learning rates of their particular students. The temptation in every school will be to move toward orderly standardization: such is the instinct, it seems, of Americans, so used as we are to depending on structure. Good schools will have to resist this appeal of standardization: the particular needs of each*

*student should be the only measure of how a school gets on with its business. Greater authority is an incentive for teachers, one that will attract and hold the kind of adults which high schools absolutely need on their staff. (1984, pp. 214–217)*

Sizer maintains that most American high schools are modeled after a factory. “*You parade a kid through the assembly line slapping on various parts: History is the fender, French is the steering wheel. . . . None of the parts are related*” (Richardson, 1991). Instead, Sizer believes, students should be helped to master a limited number of essential skills. Rather than covering a great deal of material superficially, they should focus on a smaller amount of material in greater depth. Students should be taught to actively think about what they are learning through debate with their teachers and other students. Sizer believes that most teenagers are very interested in learning when their minds are stimulated, rather than numbed, by the schools.

Since 1984, Sizer has tried out some of his ideas in the schools. Now a professor at Brown University, Sizer directs the Coalition of Essential Schools, which acts as an advisor and mentor to 52 different schools. Some of the “essential schools” have been remarkably successful. In the period of just one year, one Providence, Rhode Island high school increased the number of its graduates attending college from 6 percent to 90 percent (Richardson, 1991).

## Alternative Schools

The current movement for **alternative schools**, usually private schools with strong humanistic values, began in the latter part of the 1960s as a response to the social ferment of the civil rights and antiwar movements. Although strongly rivaled by private schools emphasizing basic cognitive goals, many alternative schools are doing well. Wehlage and his associates (1989) believe that developing strong alternative schools, which provide opportunities for innovation and experimentation in the curriculum within the public education system, is one of the means for decreasing the growing number of school dropouts.

*Alternative vs. Conventional Schools.* Today’s alternative schools are certainly not the first nontraditional schools in the United States (the most notable were the progressive schools of the 1920s), but they are the most significant. They have provoked a variety of educational strategies and organizations unequalled in the history of American education. Alternative schools are organized chiefly by people who feel that most public schools are bureaucratic, competitive, and dehumanizing; the goal is organizing schools that are humane, personal, and meaningful. Private free schools were the first alternative humanistic schools; during the 1970s nontraditional education programs sprung up in the public secondary schools as well. Proponents of alternative schools generally favor the voucher system—parents are allotted tuition credits (by the towns, cities, or states in which they live) which may be spent at public or private schools. This plan is also advocated by basic skills proponents, and this idea was rejuvenated in the 1980s. The differences between typical conventional and alternative secondary schools are summarized in Table 10.1, developed by Terrence Deal, with additions by Arthur Wirth.



Table 10.1

## DIFFERENCES BETWEEN CONVENTIONAL AND ALTERNATIVE SECONDARY SCHOOLS ON IMPORTANT DIMENSIONS OF LEARNING

<b>Learning Dimensions</b>	<b>Conventional Secondary Schools</b>	<b>Alternative Humanistic Secondary Schools</b>
1. Who is involved in the learning process (roles)	Certified teachers, counselors, administrators, students. All have relatively well-defined role expectations.	Teachers, administrators, parents, community members, students—anyone who has something to teach. Certification requirements relaxed; role distinctions blurred.
2. What is learned (curriculum)	State- or district-prescribed curriculum. Knowledge divided into subject areas. Special programs for noncollege-bound or other “special” students. Emphasis on cognitive learning.	Wide variation in educational substance, dictated largely by interest of students; may encompass areas usually taught in school but also extends into many other areas. Emphasis on affective learning.
3. Why it is learned	Extrinsic motivation; learning to fulfill requirements, to pass tests. Authority vested in teacher: “Do what you are told.” Teachers’ directive.	Intrinsic motivation; learning because of interest or need to know, to learn a skill or to acquire knowledge. Authority vested in students. Student choice.
4. How it is learned	Emphasis on reading, writing, listening; group presentation; lecture by teacher; some audiovisual aids; some discussion.	Methods vary as widely as curriculum; reading, writing, to know, to learn a skill or to emphasize doing and experiencing; all senses involved.
5. Where learning takes place	Learning takes place on campus, in classroom. Some field trips, but these are exceptional.	Wide variation in location of learning; private homes, beach, forest, libraries, businesses. Instruction in formal classroom is the exception rather than the rule.
6. When learning takes place	Instruction typically between hours of 8 A.M. and 4 P.M.; day segmented into periods or modules.	Learning takes place anytime, depending on nature of learning task; infrequent scheduling, no time segmentation.
7. Basis on which school is selected	Student is assigned to the school specified by the district.	Student with parental permission chooses the alternative.
8. Size of the school	Secondary schools typically from 1,000 to 4,000 students.	Size of learning center limited to 50 to 150–200 students.
9. Teacher–student	Teacher prescribes work, tests, and grades level of achievement. Relations are formal and role-prescribed.	Teacher and student collaborate in formulating goals and means of study in a learning contract. Joint evaluation of results. Relations more informal (first names), less role-prescribed.

## MOST FREQUENT SUGGESTIONS FOR TEACHERS

In our conversations with junior and senior high school students, we frequently ask them how they would change their teachers if they had the chance. The following are some of their most frequent suggestions.

1. "Be consistent. Some teachers treat you as adults, others as little kids. Some heap on homework, some give none. Most are stricter with some kids than they are with others. Some give many tests, some almost none."
2. "But don't be too consistent. 'Honor students' should not necessarily be treated the same as the 'dropouts.' Some teachers pay no attention to effort, looking only at achievement; but effort should be rewarded sometimes. Some teachers try to be so democratic that they teach all students as though they were exactly alike. Girls have different needs than boys sometimes."
3. "Don't compare us with your times. You know, how in the olden days no one skipped school, teachers were very strict, and all that."
4. "Don't assign tests on Monday or Tuesday so we have to study over the weekend."
5. "Try to get to know your students as individuals. When we feel like you know us, we feel we can trust you."
6. "Try not to be prejudiced. Some teachers are prejudiced in favor of whites, but many more are prejudiced in favor of blacks, and give them more freedom than they do the white students."
7. "Don't pick favorites. Even though you think we can't tell, we always can."
8. "Don't punish the majority because the minority is misbehaving."
9. "Coordinate testing so that we don't get all the testing at the same time of the year; space tests out a little more."
10. "Think of other kinds of punishment besides detention; that only makes us hate school more."
11. "Respect our personal rights more. Don't treat us like we were prison convicts."
12. "Notice whether or not we are paying attention to you."
13. "Trust us more. Don't always assume that if we give you an excuse that we're lying."
14. "Don't form opinions of us so early in the year, and be more ready to change them if we change."
15. "Try to understand that we have other things in our lives besides class assignments."
16. "Act more like a salesman and less like a genius."

In your opinion, what important advice is missing?

## WORK AND VOCATIONAL CHOICE

*Employment is a joke for most people and it's a joke for me. I'm growing up in a poverty-stricken area. It's hard trying to find a job. Day in and day out I'm looking in the want ads. Usually you have to be 18 years old. Most of the time the job is in some community I've never heard of. Every time something turns up that I'm qualified for, it's way out of my district. Once I went to a Wendy's because they had an ad in the paper. When I got there, I was told that there weren't any more applications in the store and to come back tomorrow. The next day I came back and I was told the ten positions had been filled. Then I asked the man was he prejudiced?*

A student reported in Williams & Kornblum (1985, p. 33)

Adolescents who are preparing to enter the world of work have many possible career choices from which to select. Their great-grandfathers may have entered the business or trade of their fathers, giving little consideration to other choices. Few adolescents today automatically follow in their fathers' occupation, however. While their great-grandmothers probably believed that few career options were open to them, young women today choose from almost all occupations. In some ways, however, adolescents' choices continue to be limited by available educational and economic opportunities, such as where you live, how much money your parents earn, and what kinds of jobs are available to people with your level of training. Although almost half of all high school graduates enter the job market directly following graduation, high school counselors and teachers are primarily concerned with assisting college-bound youth in the transition to college (Glover & Marshall, 1993). While college enrollment should be encouraged for many adolescents, Glover and Marshall (1993) and others (William T. Grant Foundation, 1988; Commission on Skills of the American Workforce, 1990) express great concern that American high schools have no systematic procedures for helping high school graduates locate and maintain appropriate employment. "Most high school graduates not going to college are left to sink or swim—without advice or career counseling and without job-placement assistance" (Glover & Marshall, 1993, p. 588). This gap in career services most seriously affects poor and minority students, who have few connections for obtaining jobs with good prospects for advancement. Glover and Marshall (1993) believe that comprehensive school-to-work transition programs must be developed in our secondary schools. Some ideas may be obtained by examining programs in other countries like Japan and Germany. Such programs should find ways in which good school achievement is rewarded with better job opportunities by developing links between schools and employers. Occupational guidance needs to be increased and started in the earlier grades. High school students need more information on how to get and keep a job and need to be aware of the existence and usefulness of post high school career training options. Non-college bound students need strong academic programs to prepare them for employment and for entry into college programs if they later decide to continue their education.

In efforts to better understand how adolescents make career choices and to be better able to guide them in that process, we will look at current theories of vocational choice and influences on career development.

## IDENTIFYING YOUR PERSONALITY STYLE

In order to identify your personality style, we recommend that you use a well-known interest inventory, such as the *Self-Directed Search*, the *Strong Campbell Interest Inventory* or the *Vocational Preference Inventory*. If you take these inventories, review them with a counselor who has training and experience in interpreting these instruments. A number of brief exercises, like the one that follows, have also been developed to give individuals an idea of their personality-related interests.

For this exercise, imagine that you are flying your airplane over the desert. You are running low on gas and are forced to land your plane on a desert oasis. There are six groups of people on the oasis, each group has the personality characteristics described in each section below. You have to select a group to stay with until outside help arrives.

\_\_\_\_\_ **R Realistic type**—people who like athletics and mechanical activities, like outdoor activities, like to work with tools, machines, plants, or animals. Generally prefer working with their hands rather than with people. (An example of a realistic occupation is a carpenter.)

\_\_\_\_\_ **I Investigative type**—people who like to watch and learn about the world around them, are generally quiet, spend a lot of time thinking in order to solve difficult problems. (Scientists are examples of the investigative type.)

\_\_\_\_\_ **A Artistic type**—people who like to think up new ideas; very creative, artistic, imaginative. (Musicians and interior decorators are artistic types.)

\_\_\_\_\_ **S Social type**—people who like to be with other people, are talkative, friendly, and interested in helping or teaching others. (Teachers and social workers are social types.)

\_\_\_\_\_ **E Enterprising type**—people who like to influence, lead, and persuade other people; sociable, outgoing. (Salespeople, lawyers, and business executives are involved in enterprising careers.)

\_\_\_\_\_ **C Conventional type**—people who like to work with numbers and are good at carrying out details; neat, orderly, organized, and practical. (Typists, file clerks, and financial experts are conventional types.)

Which group of people would you prefer to be with until outside help arrives? Place the number 1 on the line next to the description of that personality. Assuming you could not join your first choice group, what would be your second choice? your third choice? Write the numbers 2 and 3 next to each of those choices. Look back at the descriptions of the groups you chose. The description of each group fits with one of Holland's personality types. Did you choose to be with people who are similar to you or different from you? How strongly did you feel about your choices? Was it difficult for you to make each choice? What do your choices tell you about the kinds of activities you enjoy? About the kind of work environment you would prefer?

*Adapted from Borchard & others (1988).*



# ADOLESCENTS AROUND THE WORLD: A UNIVERSAL EXPERIENCE?

In recent years, some large nations have been dividing into smaller, more homogeneous countries, seeking to recapture their former ethnic identities. With this increased nationalism, tolerance for deviation from traditional culture may decrease. Thus, we might conclude that adolescents will become more and more different in different parts of the world.

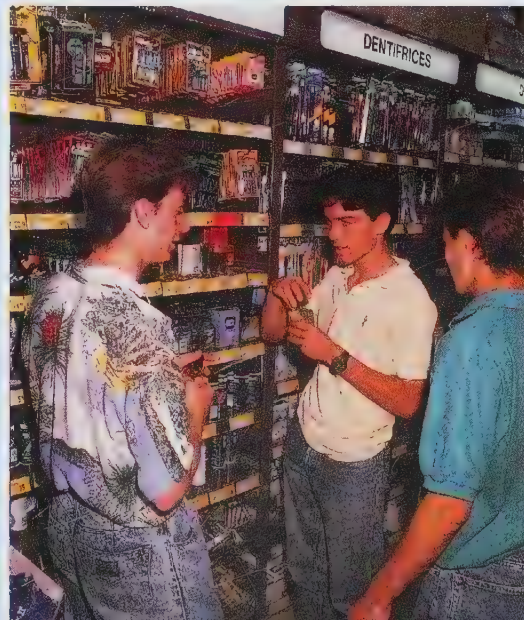
On the other hand, some believe that new technologies are making the world like a global village. Satellite communications, fax machines, computers, and the growth of international businesses are making human beings more aware of and knowledgeable about each other. Products of many nations are sold universally. A growing number of people throughout the world speak English. We no longer feel so "foreign" in a foreign land. As peoples of the world get to know each other better, it could be argued, adolescents will be more and more similar.

A third point of view is that modern technologies can contribute to greater understanding, without destroying cultural diversity. What do you think the future holds in store? What would you like to see happen? What could you do to help make your vision come true?



MANY ADOLESCENTS ARE EXPECTED TO WORK FULL-TIME SELLING GOODS MADE BY THEIR PARENTS. THIS BOY SELLS HIS MOTHER'S BAKED GOODS IN THE ARAB QUARTER OF THE CITY OF JERUSALEM, ISRAEL.

CONCERN FOR APPEARANCE AND HEALTH ARE AS IMPORTANT TO THESE TEENS IN A VERNEUIL-SUR-SEINE, FRANCE SUPERMARKET, AS THEY WOULD BE IN ANY CITY IN AMERICA.



THIS YOUTHFUL ACCORDION PLAYER, A GYPSY BOY IN CASTELFRANCO-VENETO, ITALY, WOULD LOVE TO BRING HOME THIS PRIZE CATCH TO HIS FAMILY.



THIS SELLER OF FROZEN YOGURT IN CANCUN, MEXICO, IS PROUD OF HIS UP-TO-DATE STORE IN THE PLAZA FLAMINGO SHOPPING MALL.

IN MANY PARTS OF THE WORLD, IT IS COMMON FOR TEENAGE BOYS TO WORK IN THEIR FATHERS' BUSINESSES, AS ILLUSTRATED BY THESE FISHERMEN IN THE SOUTH PACIFIC FIJI ISLANDS.





A NURSE PROVIDES A FREE BLOOD  
PRESSURE CHECK ON A STREET IN  
LIMA, PERU.



N OT MANY CHILDREN CAN BOAST, AS CAN  
THESE GIRLS IN BRISBANE, AUSTRALIA, THAT  
THEIR FAMILY PET IS A KOALA BEAR.

I N HOW MANY WAYS DOES THIS PHYSICAL  
EDUCATION CLASS IN KOBE, JAPAN  
DIFFER FROM THE TYPICAL AMERICAN CLASS?



POPULAR ASPECTS OF AMERICAN CULTURE HAVE BECOME COMMON IN MAJOR CITIES THROUGHOUT THE WORLD. WHAT ASPECTS OF OTHER CULTURES HAVE MADE AN IMPACT ON CITIES IN THE UNITED STATES?



SINGING AND PLAYING THE GUITAR ARE FAVORITE ACTIVITIES OF TEENS IN MÁLAGA, SPAIN.

WEARING APPROPRIATE CLOTHING FOR FRIDAY PRAYERS IS THIS ISLAMIC YOUTH FROM COMOROS, MORONI.





# Theories of Vocational Choice

The first theory of vocational choice, **Parsons' theory**, was offered by Frank Parsons, who believed that if a person would choose a vocation or career, instead of just hunting for any job, he would be happier and more successful in his work. Parsons (1909) developed techniques to help people identify their career interests and abilities so they could "match" these traits to the requirements of different career fields. Parsons' belief that people can make better career choices by matching their skills and interests to the requirements of the world of work remains central to some of the contemporary theories of vocational choice.

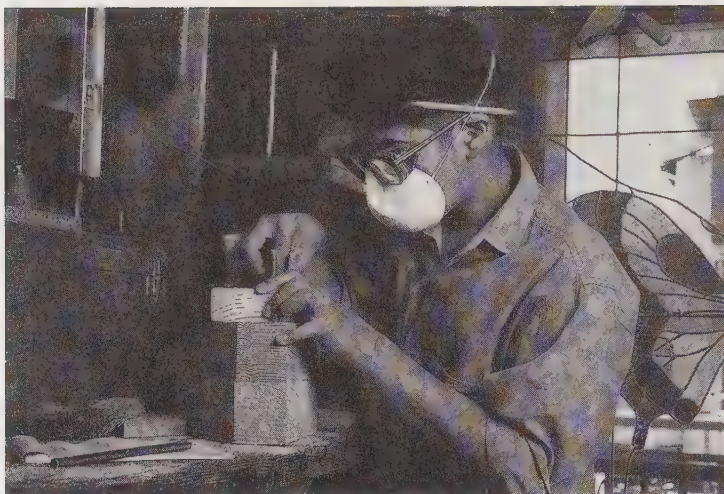
These matching models offer little explanation of how peoples' interests and abilities develop over time, however. Developmental theories of vocational choice help us to better understand how a person's developmental level is important to the process of career choice. We will now look more closely at several theories of vocational choice: those of John Holland, Donald Super, and the sociological views.

- *Holland's theory of careers.* John Holland (1985a) has developed a theory of careers which, like Parsons' approach, involves the matching of an individual to a work environment. In **Holland's theory**, the matching is between an individual's personality type and the type of environment in which the work takes place. Holland believes that most people can be categorized as one of six personality types, and every job can be classified as one of six work environment types. The categories for the personality types and the work environments are identical, because the work environments are defined by the type of people who work in them. Each of the six types are described briefly in the Applied View: Identifying Your Personality Style (p. 330).

According to Holland, every person (and work environment) can be classified according to several types. An "SAE type" would describe a person who is primarily social, but also has characteristics of artistic and enterprising types. The best job choice for an SAE personality would be an SAE work environment. When an individual's personality and occupation are a good match, Holland says that they are "congruent".

Holland's theory has had an enormous impact on the field of career guidance. His career assessment instrument, the *Self-Directed Search* (SDS) (Holland, 1985b), is quick and easy to use and very popular. The SDS, however, has been criticized as sexist because most women fall into the social and artistic types, which fit the stereotypes of women as sensitive, caring, and expressive. Although this is probably not the fault of the measure since these types reflect the influence of socialization on girls and women, the results are not helpful when counselors are trying to help young women to broaden the range of occupational choices they are considering. Adolescent girls, for example, may receive low scores on the realistic type because they never tried working with tools or machines and did not learn these skills from their fathers. Receiving a low score on the R (realistic) scale may further discourage an adolescent girl from experimenting with tools and considering occupations in which tools are used.

- *Super's developmental theory.* Donald Super has been one of the most influential figures in advancing theories of career choice and development during recent years. Super (1957, 1983, 1990) developed a life-stage theory of career development to



Some part-time jobs help teens explore their career identities by testing-out their interests and abilities in the world of work.

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explain how career identity develops over time and to determine a person's readiness to make a career choice. **Super's theory** describes five career stages, which he originally associated with different developmental periods. In more recent revisions of his theory (Super & Thompson, 1981), Super suggests that we recycle through each of these stages several times during our lives.

The **exploration stage** is associated primarily with ages 15 to 24. Through school, leisure, and part-time work activities, the adolescent or young adult is exposed to a wider variety of experiences. Through these experiences, she further defines her self-concept and has the opportunity to test out her abilities and interests. Early in this stage, initial work-related choices are made by assessing interests, abilities, needs, and values. By the end of this stage, a beginning full-time job is often selected. Super believes that most adolescents are not ready to make definite career choices because they have not yet had the chance to adequately explore available opportunities.

- *Sociological views of career choice.* Matching and developmental theories of career choice were developed by psychologists. Sociologists view career choice somewhat differently. While psychological theories assume that the individual has at least a moderate degree of control in shaping his career development, sociological theories view individual choice as limited by the social status of one's parents, and the structure of social organizations (Hotchkiss & Borow, 1990).

The career development of an individual is related to the social status of his parents. The educational level, type of job, and the amount of money earned by parents influence the amount and quality of education the children will receive, which in turn affect the occupational level the children will realize as adults. When speaking

of the structure of organizations, sociologists are referring to the unwritten rules in our schools, businesses, and communities that determine who has the most power and authority, who has the most opportunity to advance, and who receives the most money for their labor. An individual's race, ethnic background, gender, and the school they attended are a few of the unwritten rules which sometimes influence who gets hired and who gets promoted.

Sociologists have added to our understanding of career choice and development by making us aware of the obstacles to occupational mobility. They remind us that we cannot just blame the individuals who fail to achieve in our society. Instead, sociological principles remind us that we must work to reduce ethnic, racial, and gender barriers, which limit access to higher-level positions for many members of our society.

## Influences on Vocational Choice

In this section, we explain several factors that influence career choice: the family, gender, and race.

### *The Family*

Several writers (Bratcher, 1982; Lopez & Andrews, 1987) have recently considered the ways in which the **family system** influences career selection. Families develop certain rules and boundaries that influence the roles of all family members, including their career roles. The idea that some families always produce farmers or doctors or businessmen is a reflection of family rules. Family systems also seek to maintain a status quo—keeping things the way they have always been. When a family member tries to do something different, the family system may be upset, putting pressure on the individual to conform to family tradition. Adolescents may be afraid that their career choices will disappoint their parents. Families also have boundaries that can be either too rigid or too weak. When the boundaries between the family and the outside world are rigid or the boundaries between parents and their children are weak (family members are too close), the adolescent will find it difficult to separate from the family and achieve her own career identity.

During adolescence, family rules and boundaries need to become somewhat more flexible, allowing children to explore and form their own vocational identities. Sometimes one parent is very close to an adolescent child, and takes sides with that child against the other parent. In this case, one parent generally supports the child's career choices, while the other parent is critical. The adolescent is caught between the parents' conflict and has a hard time moving ahead with career planning. When late adolescents experience anxiety about career decision making, problems in the family system may be at fault.

### *Gender*

Although career opportunities have increased dramatically for women over the past 20 years, women continue to be underrepresented in certain school subjects, college majors, training programs, and occupations. Women are less frequently found in higher-level technical and managerial occupations and are more often found in less well-paid clerical, social service, and educational positions.



## THEORIES OF VOCATIONAL CHOICE

The vocational choice theories we have reviewed can be useful in guiding adolescents with educational and career concerns. Each theory offers a unique perspective on Karen's concerns.

*Karen is an eleventh-grade student at a small town high school. She lives with her parents and two younger brothers. Karen's mother is a homemaker; her father is an advertising agent and commercial artist. Both parents are high school graduates. Karen is in the academic track in school, earns mostly A's and B's, and says she enjoys most of her classes. She has many friends at school, most of whom are planning to go to college. Karen expresses the following concern to the school counselor, "I always thought I'd go to college after high school, but now I'm not so sure. I really have no idea what I'd like to take up there or what I'd like to do once I have a college degree. I'm afraid I'll end up wasting four years of time and money on college and still not know what to do with my life when I'm through."*

A counselor using Parsons' theory would work with Karen to assess her career interests, values, and abilities. Vocational interest and aptitude testing might be completed. From this Karen would hopefully learn more about the kinds of careers in which she would be successful and happy. Identifying her career interests and abilities and matching those with work opportunities would prevent Karen from *"wasting four years of time and money on college."*

The counselor using John Holland's theory would also try to match Karen with the work environment. Karen's personality type would be identified through administration of one of Holland's personality type inventories, such as the *Self-Directed Search*. The counselor might help Karen to identify a college major that would be a good match with her personality type.

Applying Donald Super's theory, the counselor might wonder whether Karen is ready to make a career decision or choose a college major. The counselor would explain to Karen that adolescence is a time for exploring interests and developing the self-concept. Karen should not be concerned that she does not yet know what her major will be. Karen's readiness for career decision making might be evaluated through a test like the *Career Development Inventory* (Super & others, 1981). Based upon the results of that test, the counselor would help Karen develop a plan for further exploring her interests, learning about the world of work, or gaining decision-making skills.

Sociological theory would lead the counselor to consider how Karen's social class and gender may be affecting her college and career plans. Do Karen's parents have the money to send her to college? Does Karen believe that her parents' money should be saved for her younger brothers' education? If financial concerns are an obstacle to Karen's college plans, the counselor might help Karen explore sources for obtaining financial aid.

As you can see, offering educational and career guidance to adolescents is complex. Theories provide some direction for the counselor. The counselor must complete a careful assessment and listen closely to the adolescents' concerns. It is important not to offer simple advice to career issues, which can be quite complex.



Sundal-Hansen (1984) believes that women are less likely to be successful in the career world because of the **gender-role system**: the attitudes and beliefs concerning the ways in which the abilities and personality of women are different from men. Based upon the stereotypes of women as dependent and passive and the stereotypes of men as aggressive and independent, labor has been traditionally divided into what is recognized as “women’s work” and “men’s work.” Women’s work has historically been of lower status and lower pay.

Sundal-Hansen (1984) describes how women acquire gender-role beliefs. Little girls begin to learn stereotypes at an early age. Those stereotypes are reinforced by parents, teachers, peers, and the media. Because of what they view as appropriate for boys and for girls, girls are less likely to become involved in activities, such as athletics, math, science, and leadership positions, that would prepare them for higher-level employment. Gottfredson (1981) found that children limit their view of career options as early as elementary school based upon what they believe is appropriate for their gender and social status.

Hackett and Betz (1981) have borrowed the concept of **self-efficacy** from Bandura’s model of social learning (see Chapter 2) to explain why women are generally less successful than men in the career world. Self-efficacy refers to a person’s beliefs about whether she will be successful in certain tasks. Those beliefs influence whether an individual will attempt a new task. For example, an adolescent girl who does not believe she will be successful in math will be less likely to attempt math courses or consider a math-related occupation. She might also believe that even if she was good at math, she might not get hired because she is a girl, or that she would be disliked by others because she is good at math. These beliefs or **outcome expectations** are learned from parents, teachers, and peers and reflect the system of gender-role stereotypes. Hackett and Betz (1981) believe that self-efficacy and outcome expectations help to explain how gender-role stereotypes influence the career development of women.

While research concerning gender and career choice has focused on women, it is important to understand occupational choice for adolescent and adult males, too. Just as women have suffered from gender-role stereotypes, so have many men. Males are generally expected to be leaders, to develop mathematical and mechanical abilities, to be physically strong and athletic, and to have little interest in caring for others. Skovholt and Morgan (1981) described some of the ways in which gender-role stereotypes have limited the career choices of men. Men are generally expected to be the breadwinner in the family, and are expected to choose an occupation that pays enough to support the family. While women have more freedom today in choosing to work inside the home or in other employment, most men continue to feel that choosing a homemaking role is unacceptable.

Male identity and self-esteem often depend upon career success. Men who do not advance in their careers or are unemployed often have difficulty feeling good about themselves. They are more likely to have health problems and are more likely to become angry or abusive in the home because of the depression, frustration, and humiliation they feel. In periods of economic decline or recession, many men are likely to feel anxious and defeated, because possibilities for advancement are limited to few workers. Because of the traditional emphasis on male career success, many men have had to spend so much

time at work that they have had little time to enjoy their families. In working with adolescent males, it is important to help them think of ways to feel good about themselves beyond career success, and to be aware of the physical and emotional costs of job stress.

Adolescents' attitudes about work and gender-roles have changed in recent years in ways influenced by cultural values. In 1970, Sundberg and Taylor investigated 9th graders in the United States and the Netherlands and assessed their awareness of possible occupations and leisure activities. In both countries, girls were slightly more aware of occupations than boys of the same age, but viewed fewer occupations as likely choices for themselves. Some interesting cross-cultural differences were also found. Dutch adolescents were aware of more occupations, but American adolescents were aware of more leisure activities, leading Sundberg and Tyler to hypothesize that U.S. adolescents might be more pleasure oriented than Dutch adolescents. Stiles and others (1993) decided to find out how the work and leisure attitudes of Dutch and U.S. adolescents have changed since 1970. Girls continue to demonstrate more awareness of occupational choices than boys and to consider fewer occupations as actual possibilities for themselves. U.S. students linked work with success, achievement, and wealth and viewed work as more important than the Dutch adolescents. U.S. adolescents depicted the ideal man as ambitious, achieving, and earning high incomes. The Dutch adolescents indicated greater concern for the quality of life, emphasizing the importance of sports, relaxation, and humor. Dutch girls were more likely than U.S. girls to value internal qualities in the ideal man, such as being caring, kind, happy, and making time for children.

## *Race*

American youth have not benefited equally from the economic opportunities our nation has to offer. Within our labor force, dead-end jobs, offering little opportunity for advancement, are often filled by racial and ethnic minorities. African-American males fill a greater proportion of R (realistic) jobs, such as the trades, and a much smaller proportion of E (enterprising) jobs, such as sales (Gottfredson, 1978). At every level of education, including college graduates, more African-American youth are unemployed and underemployed than whites (Wetzel, 1987). According to recent statistics, African-American men 25 years of age and older who had completed four or more years of college earned an average of \$31,380 per year in comparison with white men of equal education, who earned an average of \$41,090 (Bovee, 1991).

As of March 1992, unemployment rates stood at 5.9 percent for white women 16 years of age and older and 7.8 percent for white men. Among African-Americans, the rates stood at 12 percent for women and 16.3 percent for men (U.S. Department of Labor, 1992). Unemployment rates among young adults are even higher. Among workers between the ages of 20 and 24, unemployment rates were 20.3 percent for African-Americans, 11 percent for Latinos, and 6.8 percent for whites (William T. Grant Commission on Work, Family and Citizenship, 1988). Those who are most at risk for futures of chronic unemployment include school dropouts, pregnant teens, youth who are performing poorly in school, have a history of drug or alcohol abuse, or have a criminal record. When teenagers experience long periods of unemployment and idle time before the age of 20, they are often headed for a lifetime of unemployment.

In discussing the influence of race in career development, it is essential to recognize that race and social class are often confused. The statistics stated above describe those African-Americans who are economically disadvantaged. Many African-Americans hold high-level jobs and earn large sums of money. The fact that a larger percentage of our racial minorities fares less well in our labor market, leads us to ask why.

Researchers who explain high rates of unemployment among disadvantaged minorities focus either on the characteristics of the unemployed or on characteristics of the society or on a combination of both. When people who are employed are compared with those who are not, we often find that the employed have higher-level skills, better work attitudes, and are more highly motivated to succeed. These explanations suggest that individuals are to blame for their own unemployment—"if they only worked harder they would succeed." These explanations are thus sometimes referred to as "blaming the victim" (Ryan, 1976). Social explanations (Wellman, 1977), in contrast, blame the racist characteristics of our schools, political system, and economy.

Ogbu (1983) maintains that minority youth believe that a **job ceiling** exists in this country. That is, they believe that no matter how hard they work and how well they do in school, there is only so high they can go in the job market because of their race. Children learn about the job ceiling early in life by observing unemployed and underemployed parents, relatives, friends, and neighbors. Youth believe furthermore that only those who are willing to adopt an "Uncle Tom" attitude or to act as if they are white, are likely to succeed. Fordham and Ogbu (1986) identified an "anti-academic" achievement ethic among African-American and Latino high school students. Academic success was described by the peer group as "acting white," and many students knowingly limited their achievement by cutting classes and not studying. Ogbu and Fordham maintain that minority youth become distrustful of schools and businesses and adopt the attitude of "What's the use of trying?" What might be viewed as lack of motivation by some is viewed by Ogbu as a reasonable response to limited opportunities. Ogbu believes that programs such as Headstart, compensatory education, and special college admission, recruitment, and financial aid programs are necessary to undo the effects of past discrimination and help minority children to believe that America will give them an equal chance.

## The Working Teen

More high school students than ever before seem to be employed. In 1987, 41 percent of high school students reported that they were currently working and 75 percent of high school seniors said they were working or had been working very recently (Bachman & others, 1987; Fine & others, 1990). Yamoore and Mortimer (1990) found that the majority of teens between the ages of 11 and 16 reported paid work outside of their home. Many adolescents spend numerous hours in the workplace.

Whether or not it is good for adolescents to work has been a topic of recent debate. Fine and associates (1990) summarized a number of the arguments in favor of teenage employment. Through part-time employment, adolescents can build feelings of self-confidence, develop a sense of responsibility, increase positive work values and behaviors, like following directions and being dependable, and learn more about the world of work



## CAREER DEVELOPMENT: INTERVENTIONS FOR ECONOMICALLY DISADVANTAGED YOUTH

Your understanding of the causes of youth unemployment will influence your approach if you are to work with economically disadvantaged teens. If you believe that qualities of the individual are most important, you might focus on increasing teens' awareness of the importance of work behaviors, such as punctuality, loyalty, and pride in one's work. You might help students to learn more about their career abilities and interests and how they might be applied in future careers. You should also emphasize the development of academic skills. Your focus will be to help students adjust and adapt to existing conditions.

If you believe that our society is at fault, you might take the role of a social activist (Atkinson & others, 1977), trying to change the system of teaching and rewards in our schools and places of work. You might believe that schools need to be more sensitive to the cultural differences among students. Your focus will be to change the school and not expect the student to adjust to the existing school climate.

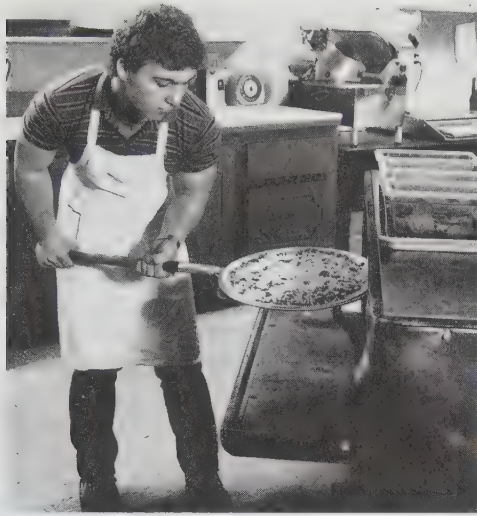
A third position recognizes that racial barriers exist in our society, but also recognizes that social change is likely to be slow. According to this view, youth need to recognize that racism exists, but need to learn how to cope with it. You might help youth to develop effective survival skills to cope with the stress of attending a predominantly white school or entering a high-powered predominantly white occupation. Developing a positive racial identity and feelings of racial pride might be important in helping minority youth to feel good about themselves in predominantly white settings. You should also be concerned that students prepare themselves academically to meet the challenges ahead. It is important to maintain high expectations for students and not try to make up for past discrimination by lowering expectations (Hawks & Muha, 1991). You might also want to advocate for government-supported youth employment and training programs or for private programs, which provide financial support for higher education for economically disadvantaged youth.

Any of these programs may help youth to take advantage of available opportunities. Which approach do you think you might take? Which specific strategies would you use? Why?

and the value of money. Super (1957) viewed part-time employment as an important experience for adolescents in exploring the world of work, defining the self-concept, and testing out one's interests and abilities in the real world. Through part-time work experiences, teens might also develop skills that can be useful in later employment.

The circumstances of teenage employment are much different today than they were years ago. As a result, teenage employment may offer fewer benefits than it did in years gone by. Very few teens contribute their earnings to help out their families (Greenberger





Some part-time jobs teach few marketable skills and offer little opportunity for advancement. Part-time employment can have negative effects when teens work long hours, neglect other responsibilities, and learn few skills.

---

& Steinberg, 1986). Working adolescents spend most of their money on clothing, records, tapes, sports equipment, and entertainment (Bachman & others, 1987). Most of the jobs held by adolescents today are in retail and service areas, especially the fast-food industry, that offer little or no chance for advancement. They have little interaction with adults, working mostly with other teenagers, and learn few skills that can be used in future employment (Greenberger & Steinberg, 1981; Greenberger & others, 1981). In previous eras young people worked closely with adults to learn trades and skills that they would use in their adult work.

Recent research findings suggest that work can have negative consequences for teenagers. Greenberger and Steinberg completed a series of reports in the 1980s which indicated that working more than 15 to 20 hours per week was related to poorer school performance, less involvement in school activities, decreased closeness to parents, increased drug and alcohol use, and more negative work attitudes (Greenberger & Steinberg, 1981; Greenberger & others, 1981; Steinberg & others, 1982). It seems that the kinds of low-level jobs available to many teens contribute to poor work attitudes—e.g., that a person is foolish to do more work than he has to (Greenberger & Steinberg, 1981).

The results of a recent study (Steinberg & Dornbusch, 1991) reveal that students who work 10 hours or more per week do less well academically, report more psychological (depression, anxiety, tiredness, difficulty sleeping) and somatic symptoms (headaches, stomachaches, colds). They are also more likely to use drugs and be involved

in delinquent activities, such as theft and vandalism. Students who work less than 10 hours per week reported self-esteem equal to students who did not work at all. Self-esteem was lowest among adolescents working more than 20 hours each week.

It seems that working a small number of hours can be positive for teens. As the number of hours increases, however, other areas of the teen's life suffer. Teens who work long hours have difficulty paying attention at school and are more likely to cheat, cut classes, and copy other students' assignments. Working long hours adds to the stress of being an adolescent, resulting in more psychological distress and more drug use. Working teens also feel free from their parents' control. This may be because work keeps them outside of the home for many hours or makes them less dependent upon their parents for financial support. It is also possible that teens who do not get along with their parents choose to work longer hours as a way of staying out of the home. Whatever the reason, working long hours increases stress for teens and can deprive them of important sources of family guidance and support.

## CONCLUSIONS

Concern about our educational system seems to occur in cycles—every 20 years or so. We are clearly in a period of deep concern now as we are asking the schools to shoulder more and more of the burden of child rearing. This is due in large part to the declining role played by such institutions as the family and religion. The numbers of African-American and Latino youth attending our high schools are increasing, yet our educational system seems to be failing in meeting the educational needs for many of these youth. At a time when our labor market needs workers with strong skills in math and technology, schools are being accused of gender and racial bias, which is limiting the achievement of girls and racial minorities in technological areas. While improving educational opportunities for adolescent girls and racial minorities is of great concern, it is also important to keep in mind that academic achievement for both groups has risen steadily in recent years.

A number of suggestions have been made to resolve the current educational crisis and enable the schools to better meet the social and emotional needs of adolescents. Among these are the development of a core curriculum emphasizing academic skills, less academic tracking, the creation of smaller communities within larger schools, increased parental and community involvement in local education, and providing teachers with greater freedom and flexibility in designing programs to meet individual student needs.

Choosing a career choice is an important concern of adolescents. Adolescents have many possible career choices, but options can be limited by educational and economic resources and available job opportunities. Theories of career choice and development can be helpful in guiding adolescents and helping them to identify and remove obstacles to career choice. Part-time work experiences can provide a way for adolescents to explore career interests and learn about the world of work. When students attempt to work long hours while attending school, however, the consequences for emotional, social, and academic development are often negative.

## Crisis in the American Secondary Schools

- The results of several influential reports indicate that American secondary schools are failing to provide a quality education and improve social and economic equality for all adolescents.
- Researchers from the Carnegie Council for Adolescent Development maintain that the developmental needs of early adolescents are not adequately met by most middle schools.
- The practice of academic tracking may benefit more capable and economically advantaged students and limit the motivation and achievement of economically disadvantaged students.
- Secondary schools have been criticized as adding to the gender and racial bias in our society.
- Students drop out of high school for a variety of reasons related to family responsibilities, poverty, poor job opportunities, and not being understood by school teachers and administrators.
- Although many minority youth drop out of school before graduation, the number who manage to succeed academically is usually underestimated by the public. Caring family and friends, positive school experiences, and feelings of personal control seem to contribute to academic success.

## Sizer's Approach for Improving the Schools

- Sizer believes that high school students need to be encouraged to think critically and to master a limited number of essential skills. Teachers need to be given more freedom in designing a curriculum to meet the needs of individual students.

## Alternative Schools

- Alternative schools began in the latter part of the 1960s and continue to offer an educational alternative for parents and students who are dissatisfied with the standardized curriculum of the public schools.

## Theories of Vocational Choice

- The most influential theories of vocational choice include Parsons' theory, Holland's matching theory, Super's developmental theory, and sociological theory.
- Holland's theory postulates six vocational personality types: realistic, investigative, artistic, social, enterprising, and conventional.
- Super's theory presents five stages of vocational development. Exploration of career interests is the central task for adolescents.
- Sociology helps us to understand how career choices and advancement can be influenced by socioeconomic status, gender, ethnicity, and race.

## Influences on Vocational Choice

- Characteristics of the family system, such as family rules and boundaries, need to be flexible to allow adolescents to explore their vocational identities.
- Although career opportunities for women have increased dramatically over the past twenty years, adolescent girls continue to be exposed to gender-role stereotypes. Career success may be limited by lower self-efficacy and outcome expectations.
- Males are also affected by gender-role stereotypes. Self-esteem is dependent upon career success.

- Racial and ethnic minorities have not achieved as high a level of career success as the white majority in this country. Racial barriers, poverty, and discrimination must be considered in understanding the unemployment and underemployment of minority youth.

## The Working Teen

- Although several writers have described adolescents as having an aversion to work, in fact many teens work so many hours while also attending school that it is injurious to their health and learning.

## KEY TERMS

Alternative schools 326	Gender-role system 335	Parsons' theory 331
Artistic type 330	Holland's theory 331	Realistic type 330
Conventional type 330	Immersion schools 319	Self-efficacy 335
Enterprising type 330	Investigative type 330	Social type 330
Exploration stage 332	Job ceiling 337	Super's theory 332
Family system 333	Outcome expectations 335	

## WHAT DO YOU THINK?

1. What are the main problems of secondary schools? What are their causes?
2. Should our schools have a narrow focus (improving cognitive skills) or a broad focus (nurturing mental health, teaching appropriate values, feeding hungry children, implementing safe sex, etc.)?
3. What effects do modern electronic media (radio, TV, cassette, and CD tapes) have on the intellectual development of youth?
4. How should schools interact with these media to better educate teens?
5. What are some of the approaches suggested by current psychologists for improving our schools?
6. What are some suggested alternatives to today's systems of high school education?
7. Does our society need "rites of passage" to accompany high school experience?
8. Should secondary schools be preparation for life? For the world of work? For training the intellect?
9. In your opinion, which theory of vocational choice is most useful?
10. Do gender-role and sexual identity affect vocational choice? How?
11. Do teens work too much? If so, what should be done about it?

## SUGGESTED READINGS

Douglas, M. C. (1983). *Go for it! How to get your first good job: A career-planning guide for young adults*. Ten Speed Press. Besides giving sound advice about selecting the right job for you (or your teenaged client), this guide includes information on filling out forms, taking tests, and writing letters. Especially good are the 90 job descriptions, which include requirements and benefits. Labor laws that concern minors are also presented.



part 4 four

TEENS WHO  
HAVE SERIOUS  
PROBLEMS





Young teen-agers today are being forced to make decisions that earlier generations didn't have to make until they were older and more mature and today's teen-agers are not getting much support and guidance. This pressure for early decision-making is coming from peer groups, parents, advertisers, merchandisers and even the legal system.

*David Elkind, 1989*

## STRESS AND MENTAL DISTURBANCE

### Dealing with Stress

*Change as a Source of Stress*

*The General Adaptation Syndrome*

*Disease as a Result of Stress*

*Coping Strategies*

*Risk and Resilience*

### Mental Disturbance

*Types of Mental Disorders*

*Anorexia Nervosa*

*Bulimia Nervosa*

*Causes of Eating Disorders*

*Depression*

*Symptoms of Depression*

*Depressive Episodes*

*Causes of Depression*

*Treatment*

### *The Influence of Race and Place of*

*Residence on Suicide*

*The Influence of Gender on Suicide*

*The Meaning of Suicide Attempts among*

*Teenagers*

*Personality Problems as Causes of*

*Suicide*

*Family Problems as Causes of Suicide*

*Social Problems as Causes of Suicide*

*Conclusion*

*Further Reading*

*Key Terms*

*What Do You Think?*

*Suggested Activities*

## DEALING WITH STRESS

What is **stress**? Stress can be understood as emotional tension arising from life events, or as feelings of threat to one's safety or self-esteem (D'Aurora & Fimian, 1988).

In Chapter 1, we cited the oft-repeated warning of many parents that adolescence is the last chance to have fun, because becoming an adult means taking on the heavy responsibilities of maintaining a job and a family. Well, this is not to say that infancy, childhood, and the teen years are free of stress—far from it! In this chapter, we will discuss sources of stress in the lives of teens and the ways in which teens successfully and not so successfully attempt to cope with stress. For those who experience the most stress and are not able to cope effectively, mental disorders sometimes result. In the second half of this chapter, symptoms and causes associated with those disturbances will be presented.

When you finish this chapter you will be able to:

- Define stress and identify common sources of stress during the teenage years.
- Describe the relationship between stress and physical illness and mental health.
- List the three stages of Selye's general adaptation syndrome.
- Identify effective and ineffective ways of coping with adolescent stress.
- Identify the symptoms associated with anorexia nervosa and bulimia.
- Describe four factors that contribute to the development of eating disorders.
- Identify the symptoms associated with depression and depressive equivalents.
- Explain the causes for depression based upon three theoretical models.
- List the warning signs of adolescent suicide.
- Explain how individual, family, and social factors contribute to adolescent suicide.

As you are aware from your readings in this text, the adolescent years present many challenges for young people. Among the challenges the adolescent faces are the bodily changes of puberty, adjusting to cognitive changes, developing new ways of relating with peers and family, dealing with sexual and other moral dilemmas, completing academic requirements and beginning to plan for a future occupation. While these are normal developmental tasks, they are sources of stress for most adolescents. In addition to developmental stressors, many adolescents experience additional conflict due to changes in the family, such as parental divorce, illness, or death.

Many more families today exist in a state of *ongoing, unending crisis*—families with only one parent, who may be unable to work; families living below the poverty level; families with one or more handicapped or highly disruptive children (Smith, 1990).

Sometimes stress may be due to childhood trauma that begins to manifest itself only during adolescence and adulthood. This may be due to psychological defense mechanisms such as denial (see Chapter 2). Brown and associates (1975) studied depression in working-class English women. Among those women who suffered with depression, there was a high incidence of separation from or loss of their mothers by death in early childhood.



Many of these women were young children during World War II and, as a result of the Battle of Britain, were sent to the countryside or to other countries to protect them from the German bombing of the major British cities. Other research has looked at the delayed effects caused by environmental factors such as noise (Cohen & Spacapan, 1978). Being abused or neglected as a child increases the risk of delinquency in adolescence. Widom (1991) followed children who were abused or neglected into adolescence. In comparison with a matched control group (children who were similar in race and socioeconomic status, but had not been abused), the abused children were twice as likely to have a juvenile record. Knowing how stress works, and how to handle it effectively, is a necessary building block in the process of maturation.

In order to learn more about adolescent stress, several researchers (Compas & others, 1987; Newcomb & others, 1981; Stark & others, 1989) have developed checklists to identify life stressors among adolescents.

Newcomb and associates (1981) identified seven major sources of adolescent stress. They are:

- *Family/parents* (i.e., divorce, money problems, fighting, alcohol abuse, physical and sexual abuse).
- *Accident/illness* (i.e., family illness, death in the family, medication used).
- *Sexuality* (i.e., fell in love, pregnancy, started dating, dating regularly, had a gay experience).
- *Autonomy* (i.e., found a new group of friends, joined a club, decided about college, started making money, took a vacation without parents).
- *Deviance* (i.e., got in trouble with the law, stole something valuable).
- *Relocation* (i.e., parent changed jobs, changed schools, family moved).
- *Distress* (i.e., face broke out with pimples, thought about suicide, ran away from home, gained a lot of weight, got poor grades in school).

You probably recognize some of these events as obvious sources of stress in adolescence. You may be surprised, however, to see some positive events. Finding a new group of friends, beginning to date, and deciding about college are generally positive events for young people. Nevertheless, they require adjustments in the individual's life and for that reason can also be stressful. Many of the stressors reported by adolescents are related to the developmental changes they are experiencing (Compas & Wagner, 1991). Finding a new group of friends, for example, may be important as the early adolescent moves from elementary to middle school and as she spends increasing amounts of time with peers. For these reasons, finding a new group of friends may be more stressful during adolescence than it would be at other ages. Larsen and Asmussen (1991) believe that the biological and cognitive changes of adolescence are not stressful in themselves. Rather, they contribute to stress because they change the adolescent's social relationships with peers and parents.

Newcomb and others (1981) found that adolescent boys and girls reported a similar number of stressors. The *kinds* of stress most frequently reported did differ by sex, however. Adolescent males reported more events involving getting into trouble and adolescent females reported more events related to accident/illness distress. Middle adolescents reported the highest number of negative life events, suggesting that middle adolescence may be a peak period for life change. Late adolescents reported a higher number of life events in the autonomy area. Other researchers (Stark & others, 1989) also found that adolescents of different ages were concerned with different life stressors. Middle adolescent problems centered around school and parents, while late adolescents reported increasing concern with money and the future. Compas and Wagner (1991) found that negative family events were related to distress among junior high school students, while negative peer events were most distressful for high school students, and negative academic events were most distressful for college students.

The life events questionnaire developed by Newcomb and associates (1981) focuses on *major* sources of stress rather than asking about daily and ongoing problems, such as conflict with a brother or sister, feeling pressured by friends, or taking care of brothers and sisters. Bruce Compas and his colleagues (1987) developed a life events questionnaire for adolescents, the *Adolescent Perceived Life Events Scale* (APES). The APES measures *daily hassles* as well as major life events. Research using the APES suggests that daily hassles are important in determining how adolescents respond to major life events (Wagner, Compas, & Howell, 1988). Daily hassles are sources of annoyance, irritation, and unhappiness. Adolescents who experience both a major negative event, such as parental death or divorce, and many daily hassles are at higher risk for psychological difficulties. They are more likely to have emotional problems than adolescents who only experience a major life event. It is important to recognize that the daily stresses of adolescent life can be serious and harmful.

As should be clear by now, there are many sources of stress, regardless of your age. Stress is primarily due to change. It is the nature of human development to produce inexorable change in every aspect of our existence. This situation is difficult enough when we are young, but at least then we have the support of parents, teachers, and other adults, as well as a more resilient body. There does seem to be more stress as we get older. As we move into adolescence and adulthood, we must rely more and more on knowledge and insight to avoid having a stressful life. What follows is a description of just what stress is, and how humans try to deal with it.

## Change as a Source of Stress

*If the last 50,000 years of man's existence were divided into lifetimes of approximately 62 years each, there have been about 800 such lifetimes. Of these 800, fully 650 were spent in caves. Only during the last 70 lifetimes has it been possible to communicate effectively from one lifetime to another as writing made it possible to do. Only during the last six lifetimes did masses of men ever see a printed word. Only during the last*

## THE ADOLESCENT LIFE CHANGE EVENT SCALE

Below is a list of common life events and the stress scores they have been given. To evaluate the amount of stress in your life, check the events that happened in the past year. Total your score; it will be explained later in the chapter.

### Adolescent life change event scale (ALCES)

1	A parent dying	98
2	Brother or sister dying	95
3	Close friend dying	92
4	Parents getting divorced or separated	86
5	Failing one or more subjects in school	86
6	Being arrested by the police	85
7	Flunking a grade in school	84
8	Family member (other than yourself) having trouble with alcohol	79
9	Getting into drugs or alcohol	77
10	Losing a favorite pet	77
11	Parent or relative in your family (other than yourself) getting very sick	77
12	Losing a job	74
13	Breaking up with a close girlfriend or boyfriend	74
14	Quitting school	73
15	Close girlfriend getting pregnant	69
16	Parent losing a job	69
17	Getting badly hurt or sick	64
18	Hassling with parents	64
19	Trouble with teacher or principal	63
20	Having problems with any of the following: acne, overweight, underweight, too tall, too short	63
21	Starting a new school	57
22	Moving to a new home	51
23	Change in physical appearance (braces, glasses)	47
24	Hassling with brother or sister	46
25	Starting menstrual periods (for girls)	45
26	Having someone new move in with your family (grandparent, adopted brother or sister, or other)	35
27	Starting a job	34
28	Mother getting pregnant	31
29	Starting to date	31
30	Making new friends	27
31	Brother or sister getting married	26

From R. C. Yeaworth, et al., "The Development of an Adolescent Life Change Event Scale," *Spring 1980 in Adolescence*, 15, 93. Reprinted by permission of Libra Publishers, Inc.

Figures rounded to the nearest whole number.



Change, such as learning to use new technologies, can add stress to daily life.

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*four has it been possible to measure time with any precision. Only in the last two has anyone anywhere used an electric motor. And the overwhelming majority of all the material goods we use in daily life today have been developed within the present, the 800th, lifetime. (Toffler, 1970, p.148)*

With the incredible amount of change in this current “lifetime,” it is not surprising that the twentieth century has been called the most stressful in which humans have ever lived. So great have been the results of change in terms of stress that sociologist Alvin Toffler (1970) has labeled it a new disease: **future shock**. Future shock is the illness that results from having to deal with too much change in too short a time. Toffler compares it to culture shock, the feeling we get when arriving in a foreign country for the first time. We become disoriented and anxious, but in the back of our minds, we know that if this discomfort becomes too great, we have only to get on the plane and go back to our own culture where we can feel safe again. Future shock causes the same kind of stressful feeling, except there is no going home to escape from it.

Why is change so stressful? Toffler suggests that stress results not so much from the direction or even the kind of changes that we are faced with in this century, but rather from the incredible rate of change in our daily lives. He suggests that there are three major aspects of rate of change, each of which is rapidly increasing.

**Transience** is a lack of permanence of things in our lives. Toffler documents in great detail how much more transient (fast-changing) our lives have become in this century. Some changes are more novel than others. The **novelty** of new situations in our lives is more dissimilar from old situations than they used to be and, therefore, far more stressful. It also matters what percentage of our lives is in a state of change at any one time. People used to maintain stability in most of their lives, allowing only a few aspects to change at any particular point. With greater **diversity** this stable proportion is now much smaller for most of us.



Although the escalating rate of change in our lives has increased the amount of pressure we feel, research is increasing our understanding of it and helping us deal with it better.

## The General Adaptation Syndrome

In 1936, Hans Selye (the father of stress research) was studying a little-known hormone. This led to the discovery of the **general adaptation syndrome** (Selye, 1956, 1975). In one of the experiments, hormones from cattle ovaries were injected into rats to see what changes would occur. Selye was surprised to find that the rats had a broad range of reactions, including an enlarged cortex and deep bleeding ulcers that occurred in both the stomach and upper intestines.

Further experiments showed that these reactions occurred in response to all toxic substances, regardless of their source. They also occurred, although to a lesser degree, in response to a wide range of noxious stimuli, such as infections, hemorrhage, and nervous irritation. Selye calls the entire syndrome an **alarm reaction**. He refers to it as a generalized “call to arms” of the body’s defensive forces. Seeking to gain a fuller understanding of the syndrome, he wondered how the reaction would be affected if stress were present for a longer period of time. He found that a rather amazing thing happens. If the organism survives the initial alarm, it enters a **stage of resistance**. In this second stage, an almost complete reversal of the alarm reaction occurs. Swelling and shrinkages are reversed; the adrenal cortex, which lost its secretions during the alarm stage, becomes unusually rich in these secretions; and a number of other shock-resisting forces are marshalled. During this stage, the organism appears to gain strength and to have adapted successfully to the stressor.

However, if the stressor continues for a long time, a gradual depletion of the organism’s adaptational energy occurs (Selye, 1982). Eventually this leads to a **stage of exhaustion**. Now the physiological responses revert to their condition during the initial stage of alarm. The ability to handle the stress decreases, the level of resistance is lost, and ultimately the organism dies. Figure 11.1 portrays these three stages. Table 11.1 lists the physical and psychological manifestations and Table 11.2 details these reactions.

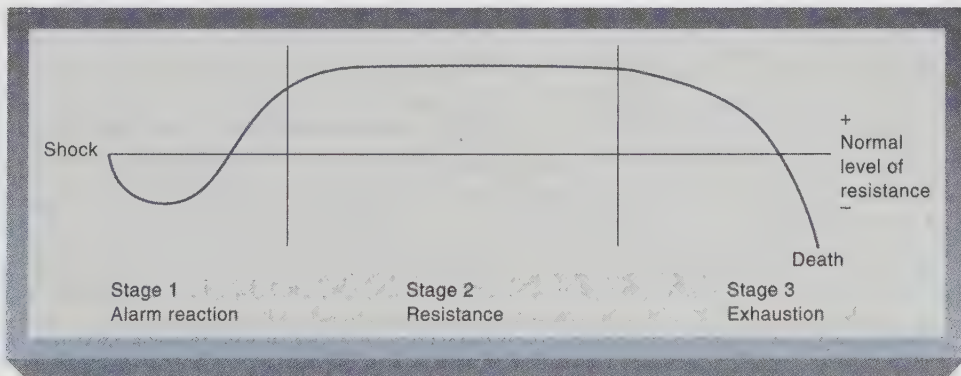


Figure 11.1 The general adaptation syndrome.

Table 11.1

## SELYE'S STRESS ADAPTATION SYNDROME

Stage	Function	Physical Manifestations	Psychological Manifestations
<i>Stage I:</i> Alarm reaction	Mobilization of the body defensive forces.	Marked loss of body weight. Increase in hormone levels. Enlargement of the adrenal cortex and lymph glands.	Person is alerted to stress. Level of anxiety increases. Task-oriented and defense-oriented behavior. Symptoms of maladjustment, such as anxiety and inefficient behavior, may appear.
<i>Stage II:</i> Stage of resistance	Optimal adaptation to stress.	Weight returns to normal. Lymph glands return to normal size. Reduction in size of adrenal cortex. Constant hormonal levels.	Intensified use of coping mechanisms. Person tends to use habitual defenses rather than problem-solving behavior. Psychosomatic symptoms may appear.
<i>Stage III:</i> Stage of exhaustion	Body resources are depleted and organism loses ability to resist stress.	Weight loss. Enlargement and depletion of adrenal glands. Enlargement of lymph glands and dysfunction of lymphatic system. Increase in hormone levels and subsequent hormonal depletion. If excessive stress continues, person may die.	Personality disorganization and a tendency toward exaggerated and inappropriate use of defense mechanisms. Increased disorganization of thoughts and perceptions. Person may lose contact with reality, and delusions and hallucinations may appear. Further exposure to stress may result in complete psychological disintegration (involving violence or stupor).

Source: From Kneisl, C. R. and Ames, S. W.: *Adult Health Nursing: A Biopsychosocial Approach*, Addison-Wesley Publishing Company, 1986. p. 20.

As you grow older, your ability to remain in the resistance state decreases. Activity over the years gradually wears out your "machine," and the chances of sustaining life are reduced. No one dies of old age. Rather, they succumb to some stressor because their ability to resist it has become weakened through aging.

Selye (1975) compares his general adaptation stages to the three major stages of life. Childhood, he says, is characteristic of the alarm state: children respond excessively to any kind of stimulus and have not yet learned the basic ways to resist shock. In adolescence and early adulthood, a great deal of learning has occurred, and the organism knows better how to handle the difficulties of life. In middle and old age, however, adaptability is gradually lost, and eventually the adaptation syndrome is exhausted, leading ultimately to death.

Selye suggests that all resistance to stress inevitably causes irreversible chemical scars that build up in the system. These scars are signs of aging. Thus, he says, the old

Table 11.2

## REACTIONS TO STRESS

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Thoughts	Feelings	Bodily Responses	Actions
<p><i>Initially:</i></p> <p>Attentiveness, increased alertness, focus, discrimination, problem-solving, mental coping devices.</p>	<p>Surge of energy, tension, and/or excitement, elation, anxiety, fright, frustration, anger, fulfillment, happiness.</p>	<p>Tachycardia, hypertension, shallow respiration, dry mouth, paleness, perspiring hands, difficulty voiding/defecating, insomnia, fatigue, tremors, diarrhea, nervousness.</p>	<p>Increased activity level: restlessness, irritability, increased sensitivity and responsiveness, cooperation, alternative plans, compromise.</p>
<p><i>Later:</i></p> <p>Continued or diminished clarity, focus, discrimination, problem-solving skills, and mental coping devices.</p>	<p>Any emotion is possible: ambivalence, loneliness, sadness, helplessness, or hopelessness.</p>	<p>Hypotension, bradycardia, slow respirations, faintness and dizziness, blurred vision, and incontinence.</p>	<p>Problem solving, work, play, exercise, diversification, withdrawal, overuse of drugs, alcohol, and food, excessive sleeping, regression, daydreaming.</p>
<p><i>With overwhelming stress:</i></p> <p>Impaired perception and cognition; disorganized thinking; minimal focus and discrimination; reality distortions.</p>	<p>Panic, detachment.</p>	<p>Fixed, dilated pupils; exhaustion; death.</p>	<p>Disorganization, immobilization.</p>

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adage that you shouldn't "burn the candle at both ends" is supported by the body's biology and chemistry. Selye's work with the general adaptation syndrome has also helped us to discover the relationship between disease and stress.

## Disease as a Result of Stress

*A merry heart doeth good like a medicine.*

Proverbs 17:22

We are all aware of short-term physical upsets such as fainting, rapid heartbeat, and nausea, caused by the strains of living (see Table 11.2). You can easily see how many of them are impairing. Only recently have we come to understand more about the relationship between long-term emotional stress and illness.

Much of the research looking at the relationship between stress and disease has been completed with adults. Some studies have been completed with adolescents and the results are similar to adult findings. Compas and his associates (1987) found that stressful life events are related to psychological and behavioral problems in adolescents. Not surprisingly, behavioral and psychological problems of adolescence are also related to parents' stress. When parents experience a lot of stress, their children are more likely to have emotional difficulties as well (Compas & others, 1987). For African-American adolescent females, a greater number of negative life events was found to be linked to depression, conduct disorder, post-traumatic stress symptoms, and physical illness (Brown & others, 1989).

Other research (Daniels & Moos, 1990) found that depressed youth reported more major stressors and daily hassles than healthy youth. Youth with behavioral problems reported more parent and school stressors than healthy youth. At school, highly stressed adolescents are more likely to get into fights, talk back to teachers, play the class clown, and get headaches and stomach aches (Fimian & Cross, 1987).

What makes one person handle difficult life stress better than another person? One answer is practice. Success with similar situations leaves a person with some experience and confidence to draw on in coping with a new stressful situation. The person is less rattled and able to think more clearly and make more realistic responses to the situation.

Social support has also been found to be an important factor in a person's ability to remain composed and to adapt successfully to stressful situations. According to Bowlby (1973), these social supports are created during infancy when a person learns the essential base of security that will carry him throughout life. Being able to turn to a close and confiding adult was found to be very important to healthy functioning adolescents whose parents suffered from severe depression (Beardslee & Podorefsky, 1988). Close family and friends seem to provide a cushioning effect during the stressful times in our lives. Relationships with family and friends can be sources of stress, rather than support, when those relationships are high in conflict (Gottlieb, 1991). When parents sexually abuse their children, the relationship becomes a source of distress, rather than comfort. Feelings of isolation, an inability to trust others, anxiety, low self-esteem, substance abuse, depression, and suicide are among the long-term consequences of sexual abuse (Browne & Finkelhor, 1986). There is a growing body of research linking stress with a number of forms of physical and mental disturbances. As a result of the research of Selye and others, we are beginning to get a much better understanding of how stress can cause disease.

## Coping Strategies

In other efforts to find out why some people handle stress better than others, researchers have been looking at the methods, the **coping strategies**, people use to cope with stress. It is believed that differences in coping may determine whether stress has negative psychological effects. Coping is defined as any effort used in response to stressful events (Compas, 1987). Those efforts can be behavioral (what people do) or cognitive (what



## MEASURING THE RELATIONSHIP BETWEEN STRESS AND PHYSICAL ILLNESS

Psychologists and psychiatrists have long attempted to measure accurately the relationship between stress and disease. In the early 1900s, Adolph Meyer introduced the concept of "psychobiograph," which emphasized the importance of biographical study in understanding the whole person. He attempted to relate the biography of the person to the likelihood of their getting a variety of diseases.

The most successful attempt in this area was by Holmes and Rahe (1967). They developed the **social readjustment rating scale**, which measures the relationship between events in one's life that require considerable adjustment and the likelihood of getting sick as a result of these crises. The scale is composed of life events that require coping, adaptation, or adjustment. The adolescent adaptation of this scale, the **adolescent life change event scale** was presented earlier in this section. Preschool and elementary adaptations also exist.

The events in the scale are ranked according to the relative degree of adjustment required by the average individual. A numerical weight, called the *life change unit* (LCU), is assigned to each of the events. The greater the degree of the life change, the higher the unit number.

Holmes and Rahe designed the original adult scale by developing a list of events that could affect psychological well-being. The list was submitted to a sample of adults who rated each item according to the relative amount of adjustment required. The results of this study were then mathematically interpreted, and a numerical value (LCU) assigned to each event. For each LCU that you checked as having happened to you during the past year, give yourself the number of points indicated. Then total up your score.

Research has shown that a score of 200 or more makes some kind of illness likely. Colligan (1975) reports that 86 percent of those who experienced over 300 LCUs in a year developed some serious health problem.

Of course this does not mean that every person who has a high number of LCUs in one year will definitely get sick. It only means that the likelihood of getting sick is considerably increased. One caution is necessary here: there is the danger of a self-fulfilling prophecy. That is, persons who know they have a high number of LCUs in a year may believe they are going to become sick, and therefore they do. Nevertheless, it is clear that people under a high level of stress should take especially good care of their bodies and should be ready to check with their doctors quickly if they do develop symptoms of illness.



Most teens have learned a number of ways for coping with stress. Discussing a problem with a friend is a common way of reducing stress.

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people think). Lazarus and Folkman (1984) have studied the coping responses of adults and developed the *Ways of Coping Scale* (1985) to measure coping strategies. They describe three general kinds of coping behavior:

- *Problem-focused coping*: a direct action to reduce a problem or increase resources to solve a problem.
- *Appraisal-focused coping*: thinking about a problem in a new way so that it can be more easily solved.
- *Emotion-focused coping*: what people do to handle feelings of tension

The *Ways of Coping Scale* has been used to assess the coping responses of adolescents. Stern and Zevon (1990) found that adolescents used problem-focused coping most often. Examples of problem-focused coping include making a plan of action to follow and coming up with different solutions to a problem. Another frequent coping strategy used by teens was seeking social support. Examples of social support are talking to someone about your feelings and asking someone for advice. Stern and Zevon also found that a positive family environment was related to problem-focused coping. Adolescents reporting a negative family environment were more likely to use emotion-based styles of coping styles, such as blaming themselves, daydreaming, and reducing tension through eating or drug/alcohol use. Emotion-based coping is directed towards handling stressful feelings, rather than solving the problem that is causing the stress.

What other coping strategies are used by adolescents? Patterson and McCubbin (1987) interviewed high school students to find out. The most common coping strategies mentioned were relaxing (listening to music), developing independence, being optimistic, and making close friends. Females mentioned seeking social support, turning to family

members to solve problems, making close friends, and being self-reliant more often than males. Ventilating feelings (swearing, blaming others for what's going wrong and getting angry and yelling at people) and investing in close friends (being with a girlfriend or boyfriend and being close to someone you care about) were the most frequent coping strategies of adolescents who use drugs and alcohol. Friendships were probably related to substance abuse because most teens use drugs and alcohol with friends. Friends may also be important in persuading a teen to experiment with drugs. Turning to family to solve problems, seeking spiritual support, and engaging in demanding activity appear to be coping strategies that help adolescents keep away from drug use.

It is apparent that some coping strategies are "healthier" for adolescents than others. Increasing evidence suggests that good coping strategies may help adolescents to deal with the stress and tension of their lives. Consequently, some psychologists argue that parents and schools must help young people develop better coping skills (D'Aurora & Fimian, 1988). Adolescents can also be helped to develop and use sources of social support, such as close friends and supportive adults. If we are able to do this, we may be able to prevent social, psychological, and behavioral problems before they develop.

## Risk and Resilience

Individuals who deal well with stress and who have few psychological, behavioral, or learning problems as a result of it are said to have **resilience**. In recent years, researchers have become interested in studying the characteristics of resilient individuals. The stressors that individuals experience are called **risk factors**. They place a person at risk for academic failure and psychological difficulties. Risk factors include poverty, chronic illness, racial inequality, parental mental illness, alcoholism, and drug abuse, exposure to violence through war or some of the tragedies in the inner cities, and the family experiences of divorce and teenage motherhood. Researchers have been interested in identifying **protective factors** (characteristics of resilient individuals that protect them from stress) (i.e., Jessor, 1993). Three kinds of protective factors have been found so far: family environments, support networks, and personality characteristics. Hauser and Bowlds (1990) describe the characteristics of these protective factors.

Supportive family environments that provide feelings of warmth and closeness are often a protective factor for at-risk adolescents. Parents of resilient adolescents combine support and understanding with supervision of their children's activities and *consistent* discipline. Most resilient adolescents have been able to establish a close relationship with at least one family member, either a parent, grandparent, aunt, brother, or sister. That family member is especially important in providing care, attention, and guidance when there is marital conflict or parental psychopathology (Werner, 1990).

Resilient adolescents are also able to obtain support through the social network outside of the family. A school in which teachers and counselors are closely involved with students can contribute to resilience. Relationships with caring ministers, teachers, older friends, and peers can provide the support needed by adolescents in coping with stress in their lives.

Personality characteristics and temperament can also reduce the negative effects of stress. A remarkably similar list of personality characteristics was developed from the study of academically successful Latino high school students who grew up in poverty



## HOW TEENS FEEL WHEN THEY LEARN THEY HAVE CANCER

There is a wonderful book of quotes from adolescent cancer patients entitled *What It Is That I Have, Don't Want, Didn't Ask for, Can't Give Back and How I Feel about It* (Ohio Cancer Information Service, updated). Below are some quotes reflecting how these teens felt when they first learned they had cancer:

- *I kept some of my feelings to myself. I knew that my parents were upset, so I tried to be sorry for them. (Kathy)*
- *Mom cried and Dad got mad and I just felt numb inside. (Marsha)*
- *My doctor told me I had cancer, I didn't know what to think. I told him that someone had mixed up the report and had made a mistake. I wish they had. (Dan)*
- *I was very angry. I thought, "Why me?" Everybody reassured me it wasn't my fault. (Joyce)*
- *I panicked. I didn't understand. I didn't know who to go to or what to do. Fortunately, my parents were there to help me. (David)*
- *I was frightened. (Ellen)*
- *I couldn't believe it! I thought I would wake up in the morning and everything would be just as it was before I got sick. (Kay)*
- *It helped to talk to the doctors. They answered all of my questions and gave me a lot of support. (Paula)*
- *I had my future all planned and it didn't include getting sick. Guess I need to change my plans a little, or postpone them a few years. (Michelle)*

If you read these quotes carefully, you will get a picture of how teens often react to severe stress of all kinds. How should you respond to a person who is undergoing a period of extreme distress such as learning one has cancer? The introduction to this book offers a good suggestion:

"Your experiences and the feelings you have about your illness are unique to you. No one has ever felt exactly the way you feel. Sometimes it can be hard for you and others to understand what is happening to you. Other patients have gone through similar experiences. Some of them have shared their feelings in this book. Remember since no two people are alike, their experiences, treatments and feelings might be different than yours" (p. 1).

Book available from:  
Ohio Cancer Information Service  
101A Hamilton Hall  
1645 Neil Avenue  
Columbus, OH 43210



(Mason, 1967), Asian youth on the island of Kauai, and competent African-American adolescents from working-class families (Lewis & Looney, 1983) and inner-city ghettos (Hauser & Bowlds, 1990). These characteristics include positive self-concept and self-confidence, feelings of control, social responsibility, sensitivity, cooperativeness, good communication and social skills, an outgoing nature and an easygoing disposition.

For those adolescents whose support systems are strong, dealing with stress can foster growing maturity. For those who lack such support, however, stressful situations often lead to mental disturbance.

## MENTAL DISTURBANCE

In my dream I saw the world  
    in a frame of imitation gold.  
I heard fear pounding in my ears  
    And in the white light I could see only black.  
Blinded by the sound of darkness  
    I saw invisible fingers  
And heard nonexistent sounds.  
I was a nonexistent person  
    In a nonexistent world.  
God help me  
    As I stab myself with a  
    Rubber knife.

*By a 16-year-old girl living in an adolescent residential center.*

A number of psychologists and psychoanalysts (most notably Anna Freud and G. Stanley Hall, but also Blos, Erikson, and Coleman) have suggested that it is normal in adolescence to have distressing, turbulent, unpredictable thoughts that in an adult would be considered pathological. Here is an example of this view:

*The fluidity of the adolescent's self-image, his changing aims and aspirations, sex drives, unstable powers of repression, and his struggle to adapt his childhood standards of right and wrong to the needs of maturity, bring into focus every conflict, past and present, that he has failed to solve. Protective covering of the personality is stripped off, and the deeper emotional currents are laid bare (Ackerman, 1958, pp. 227–228).*

This disruptive state is sometimes associated with the identity stages of confusion and moratorium (see Chapter 6). Identity confusion is sometimes typified by withdrawal from reality (Erikson, 1958, 1968). There can be occasional distortions in time perspective. Mental disturbance also often makes intimacy with another person impossible. These characteristics are also seen in the moratorium stage, but they tend to be of much shorter duration.

Just how common and how serious are these problems? To what extent are they associated with normal developmental processes or real emotional disturbance? Summarizing decades of research, Kimmel and Weiner (1985) conclude that true **psychopathology**

(mental illness) is actually rather rare during adolescence. Studies (Offer & others, 1981; Petersen, 1988) indicate that between 10 and 20 percent of adolescents experience some type of serious emotional disturbance. That percentage is very close to the rate of emotional disturbance among adults. Weiner (1992) cites numerous studies indicating that "adolescent turmoil" is not normal among adolescents. When signs of turmoil are evident, they generally indicate a need for psychological help. Furthermore, when adolescents become disturbed and do not receive appropriate treatment quickly, the chances of them "growing out" of their problems are dim (Walker & Greene, 1987; Wilson, 1987). Weiner warns,

*An indiscriminate application of "adolescent turmoil" and "he'll-grow-out-of-it" notions to symptomatic adolescents runs the grave risk of discouraging the attention that may be necessary to avert serious psychological disturbance (1970, p. 66).*

While most adolescents do not experience high levels of psychological distress or mental disturbance, the numbers being admitted for psychiatric care are alarming. From 1980 to 1984, for example, admissions of teens to psychiatric hospitals increased 480 percent from 10,764 to 48,375 nationally (Select Committee on Children, Youth, and Families, 1985). Table 11.3 shows the amazing change from 1976 to 1984 in the Minneapolis/St. Paul area.

Table 11.3

### JUVENILE PSYCHIATRIC ADMISSIONS IN THE MINNEAPOLIS/ST. PAUL AREA

Year	Number	Rate per 1,000	Patient days
1976	1,123	91	46,718
1977	1,062	88	53,730
1978	1,268	107	60,660
1979	1,623	142	68,949
1980	1,775	158	74,201
1981	1,745	159	72,381
1982	1,813	165	71,267
1983	2,031	184	76,899
1984	3,047	299	83,015

In conclusion, adolescence is not a time of turmoil and distress for most teens. Rates of mental disturbance among teens are very similar to rates of disturbance among adults. As you will recall, however, from the first half of this chapter, adolescents (and adults) are experiencing increasingly high levels of daily stress. Hechinger (1992) warns that teenagers are in greater danger than ever from the risks of alcohol and drugs, unwanted pregnancy, sexually transmitted disease, depression, and violence. It is not normal for

adolescents to be experiencing high levels of psychological distress. When society exposes youth to serious risks, such as drugs and violence, psychological distress and mental disturbance are likely to increase.

## Types of Mental Disorders

What types of mental disorders are found among adolescents? Studies charting the incidence and change in mental disorders from childhood through adolescence are relatively rare. A study by Rosen and colleagues (1965), though dated, examined a very large number of cases. It gives us an idea of the types of mental disorders that adolescents suffer. Approximately 4 percent of the mental disturbances of both males and females were accounted for by acute and chronic brain disorders (a malfunction of some part of the brain), 10 percent by mental retardation, and 6.5 percent by schizophrenia (a serious distortion of reality).

In Britain, Rutter (1980) reviewed surveys and found that about 15 percent of 15-year-olds were afflicted by psychiatric disorders, although as many as 6 percent more went undetected. In another study, Horowitz and White (1987) studied differences between male and female adolescents. They found that 11 percent of the males suffered from neurotic disorders, such as anxiety, depression, and obsessive-compulsive reaction, compared to 18 percent of the females.

Kazdin (1993) reports that approximately 5 million out of the 28 million adolescents between the ages of 12 and 17 living in the United States have experienced a significant emotional or behavioral disturbance. He explains further that many disorders, such as autism, mental retardation, attention-deficit, conduct, and learning disorders, emerge in childhood, but continue into adolescence and adulthood. Other disorders, including schizophrenia, eating disorders, and depression, emerge or become much more common during adolescence. While only 1 percent of children referred for treatment between the ages of 1 and 6 are diagnosed with major depression, that rate has increased to more than 13 percent by age 12. Many of the problems that emerge during childhood and adolescence, such as depression, conduct disorder and attention deficit, have consequences that continue throughout life. As a result, it is important that interventions be made during childhood and adolescence to alter the course and reduce the lifelong negative impact of these disorders. Completed suicide is also rare in childhood, but increases sharply in early adolescence and continues to increase throughout the remainder of life.

Although the overall picture is less than clear, we have a great deal of data on specific adolescent mental disturbances. Chief among them are eating disorders and depression, which sometimes leads to suicide attempts.

## Anorexia Nervosa

**Anorexia nervosa** is a syndrome of self-starvation that mainly affects adolescent and young adult females, who account for 95 percent of the cases (Larson & Johnson, 1981; Mintz & Betz, 1988). It is characterized by an "intense fear of becoming obese, disturbance of body image, significant weight loss, refusal to maintain a minimal normal body

weight, and amenorrhea. The disturbance cannot be accounted for by a known physical disorder” (American Psychiatric Association, 1985). Amenorrhea is the absence of menstruation.

Health professionals have seen an alarming rise in the incidence of this disorder in the last 15 to 20 years among young women (Bruch, 1981; Rosen, Gross, & Vara, 1987). Estimates of the frequency of anorexia nervosa range from .2 percent to 1 percent of the adolescent population (Whitehouse & Button, 1988). The frequency of anorexia has been reported to be as high as 5 to 7 percent among adolescent ballet dancers and as high as 30 percent among adult dancers (Garner & Garfinkel, 1980; Hamilton, Brooks-Gunn, & Warren, 1985). Whether there is an actual increase of anorexia nervosa or whether it is now being more readily recognized has yet to be determined.

Although anorexia may begin before the age of 10 or after the age of 40, it occurs most frequently in early adolescence (accompanying the changes of puberty) and in late adolescence (prior to or during the time of separation from the family) (Halmi, Casper, Eckert, Goldberg, & Davis, 1979). Anorexia is found most often among the upper socioeconomic classes, although in recent years it has been found more frequently among all socioeconomic groups (Andersen & Hays, 1985). The specific criteria for anorexia nervosa are:

- Onset prior to age 25.
- Weight loss of at least 25 percent of original body weight.
- Distorted, implacable attitudes toward eating, food, or weight that override hunger, admonitions, reassurance, and threats, including: denial of illness, with a failure to recognize nutritional needs; apparent enjoyment in losing weight; extreme thinness, with evidence that it is rewarding to the person to achieve and maintain this state; unusual hoarding and handling of food.
- No known medical illness that could account for the anorexia and weight loss.
- No other known psychiatric disorder, particularly primary affective disorders, schizophrenia, or obsessive, compulsive, or phobic (fearful) neuroses. (Even though it may appear phobic and obsessional, food refusal alone is not sufficient to qualify as an obsessive, compulsive, or phobic disorder.)
- At least two of the following manifestations: amenorrhea; lanugo (soft downy hair covering the body); bradycardia (heart rate of less than 60); periods of overactivity; episodes of bulimia; vomiting (may be self-induced).

## Bulimia Nervosa

**Bulimia nervosa** is a disorder related to anorexia nervosa and sometimes combined with it. It is characterized by

*... episodic binge-eating accompanied by an awareness that the eating pattern is abnormal, fear of not being able to stop eating voluntarily, and depressed mood and self-deprecating thoughts following the eating binges. The bulimic episodes are not due to Anorexia Nervosa or any known physical disorder (American Psychiatric Association, 1985).*



Bulimia has been observed in women above or below weight, as well as in those who are normal (Lowenkopf, 1982). Studies suggest that between 4 and 19 percent of all young women engage in bulimic behavior (Halmi & others, 1981), and as many as 64 percent of all college women have some degree of eating-behavior problems (Mintz & Betz, 1988). Bulimia occurs most often during the passage from late adolescence to young adulthood (Wooley & Kearney-Cooke, 1986). Bingeing and purging seem to increase when others in the environment are exhibiting that behavior. Young women who are living in college dormitories or apartments may be more likely to witness that behavior than adolescents living at home (Attie & others, 1990). The specific criteria of bulimia are:

- Repeated episodes of binge eating.
- Awareness that one's eating pattern is abnormal.
- Fear of not being able to stop eating.
- Depressed mood and self-deprecation after binges.
- Anorexics and bulimics share emotional and behavioral traits, despite their clinical differences. The most characteristic symptoms specific to these disorders are the preoccupation with food and the persistent determination to be slim, rather than the behaviors that result from that choice (Bruch, 1981).

## Causes of Eating Disorders

Why do some adolescents develop eating disorders? Any attempt to explain the causes of eating disorders needs to consider why their frequency has increased so greatly in recent years and why the disorders occur most often among early and late adolescent women.

Contemporary theory and research suggest that eating disorders are best explained through a multiple-risk model (Garfinkel & others, 1987). That is, no single factor explains why an individual develops an eating disorder. Many factors, including developmental stage, culture, personality and family, must be considered.

- *Developmental stage.* The changes that take place in early and late adolescence help to explain why eating disorders are so common among adolescents. Bodily changes, the changing sense of self, and changing demands of the school and peer environment are believed to increase the risk for eating disorders in early adolescence. Challenges of late adolescence, such as the establishment of intimacy, developing an identity apart from the family, and pursuing new education and career choices, increase the risk for eating disorders at that time. Attie and associates (1990) maintain that adolescent girls who are vulnerable, because of personality, family or other characteristics, may respond to the physical changes and developmental challenges of adolescence by attempting to control their weight and thus develop an eating disorder. Anorexia develops most frequently in early adolescence and seems to be a response to the stressors of the early adolescent transition. Bulimia develops most often in late adolescence and seems to be a response, in part, to the developmental stressors of leaving home for college.
- *Culture.* Cultural standards for female attractiveness have changed in recent history. In earlier eras, a full figure and curves (such as Marilyn Monroe's) were the standard of



Cultural emphasis on slimness as a standard of feminine beauty and sexual attractiveness has likely contributed to the increase in eating disorders in recent years.

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feminine beauty and sexual attractiveness. During the past several decades, magazine and television models, Play Boy pin-ups, and winners of the Miss America Pageant have all adopted a much thinner and leaner look (Mitchell & Eckert, 1987). Whereas men tend to be evaluated more by their actions and accomplishments, women continue to be judged to a great extent by their physical attractiveness, including how thin they are. Adolescent girls may experience intense social pressure to be thin, especially when they are in competitive schools and social environments that emphasize weight and appearance (Hamilton, Brooks-Gunn, & Warren, 1985). The extent to which our culture emphasizes physical attractiveness and thinness for females helps to explain why they are more likely to develop eating disorders and why eating disorders have increased in recent years.

- *Personality.* The personality development of the child who is at risk for eating disorders has been explained by psychoanalytic theory. Bruch (1973), for example, believes that early problems in the mother-daughter relationship create problems in the development of autonomy and a healthy sense of self. The daughter feels ineffective, and behaves in ways meant to satisfy other people and not herself. Anorexics are described as high achievers, who strive for perfection. These characteristics are understood by psychoanalytic theorists as efforts to satisfy others and as reflections of an underdeveloped or “false self” (Winnicott, 1965).

Other psychoanalytic theorists believe that when mothers are unable to provide their infants with enough comfort and nurturance, the infant feels frustration, anxiety, and emotional hunger. These infants never learn how to control their own tension or comfort themselves. The bulimic’s compulsion to eat is believed to reflect a life-long feeling of emptiness and deprivation as well as an effort to satisfy feelings of emotional hunger by eating (Humphrey & Stern, 1988).

- *Family.* Psychoanalytic theory views the origin of eating disorders in early parent-child relationships. Family systems theory (see Chapter 7) maintains that problems in family relationships during adolescence contribute to the development of eating disorders. Minuchin and others (1978) describe families with anorexic adolescents as overprotective, rigid, and conflict-avoiding. They are believed to be close and protective of family members in a way that keeps the adolescent from developing a psychologically separate and independent sense of self. Anorexic families are not comfortable expressing conflict. Children feel much pressure to conform to family expectations, without expressing disagreement. Refusal to eat is seen as a silent kind of rebellion. Families of bulimics have been thought to resemble anorexics in these characteristics. Recent research, however, suggests that bulimic families are better able to express anger and conflict and are less likely to be overprotective (Humphrey, 1989). Some evidence suggests that parental relationships of bulimics are characterized by insecure attachments (Armstrong & Roth, 1989; Kenny & Hart, 1992). More specifically, bulimic adolescents describe parental relationships as affectively negative, emotionally unsupportive, and interfering with the adolescent's efforts to become independent.

A number of new approaches to treatment and therapy are currently being researched (Scott, 1988). Although success rates are not high, the situation in either disorder is usually so complex and potentially hazardous that only qualified personnel should attempt to treat victims.

## Depression

The term **depression** can have many different meanings and manifestations. Originally a word for a pathological symptom, it has found its way into common usage by the general public, and its meaning has been greatly broadened. *Depression* may be viewed either as a mood (situationally caused), a syndrome (a complex of behaviors and emotions), or as a clinical disease (Peterson & others, 1993). It is considered to be a basic affective state that, like anxiety, can be of long or short duration, of low or high intensity, and can occur in a wide variety of conditions at any stage of development. In certain circumstances, such as in reaction to a death in the family, it is a normal and appropriate affective response.

Depression becomes pathological when it occurs in inappropriate circumstances, is of too long duration, or is of such great intensity as to be out of proportion to the cause. Depression is harmful to a person's development when it interferes with the capacity to work, to relate to others, or to maintain the healthy functioning of essential physical needs for sleep and nutrition. Serious depressive conditions can upset a person's functioning in all of these areas and more.

## Symptoms of Depression

The symptoms of depression may be classified in one of four areas (Beck, 1967):

- *Emotional manifestation:* dejected mood, negative self-attitudes, reduced experience of satisfaction, decreased involvement with people or activities, crying spells, and loss of sense of humor.



- *Cognitive manifestation*: low self-esteem, negative expectations for the future, self-punitive attitudes, indecisiveness, and distorted body image.
- *Motivational manifestation*: loss of motivation to perform tasks, escapist and withdrawal wishes, suicidal thoughts, and increased dependency.
- *Physical manifestation*: appetite loss, sleep disturbance, decreased sexual interest, and increased fatigability.

Not all depressed individuals will show all of these symptoms, of course, but they are likely to exhibit one or more symptoms from these four categories.

Much of what we know about depressive symptoms comes from the study of depressed adults. In recent years, researchers have become interested in learning more about how depressive symptoms differ for children, adolescents, and adults. Symptoms may be expressed differently as the individual changes cognitively, physically, and biochemically (Cantwell & Baker, 1991). Recent statistics indicate that many adolescents show some depressive symptoms. This does not mean that most adolescents are actually depressed (Petersen & others, 1993). Some depressive feelings and behaviors are transient responses to life changes. For other adolescents, depressive symptoms lead to more serious depression in adulthood. Up to 5 percent of adolescents suffer from severe levels of depression, another 10 to 15 percent appear to be moderately depressed, and between 20 and 35 percent are mildly depressed (Brooks-Gunn & Petersen, 1991).

Depression is manifested with increasing frequency during mid- and late adolescence. Prior to adolescence, boys are more likely than girls to show signs of depression (Gjerde & Block, 1991). By adolescence, however, females are three times more likely to be affected by depression than males. Adolescent girls, when they are unhappy, tend to be intrapunitive, that is, take some action that is harmful to themselves. Boys tend to be extrapunitive and hurt others. Both tendencies clearly seem to reflect the gender roles society has assigned to us. Girls are socialized to be passive, self-evaluative, and sometimes helpless (Gjerde & Block, 1991), increasing their vulnerability to depression. Additional understanding of adolescent gender differences can be gained by reading our discussion of gender-role and gender differences in self-esteem found in Chapter 6. Many of the factors that are believed to contribute to gender differences in self-esteem are also believed to contribute to differences between adolescent males and females in levels of depression.

When compared with adults, adolescents are more likely to experience another disorder in conjunction with depression. Cantwell and Baker (1991) report that depressed adolescents are likely to experience behavior and attentional problems, show high levels of anxiety, or have an eating disorder or a language or learning disorder. Sometimes adolescent depression is most easily recognized by symptoms associated with other disorders. We will now look at some of those symptoms.

## Depressive Equivalents

Toolan (1975) states that “especially in the adolescent we seldom see a clear picture of depression” (p. 407). The symptoms listed on page 367 are often not seen or are seen in conjunction with other symptoms. It is especially true with boys, who “have a need to



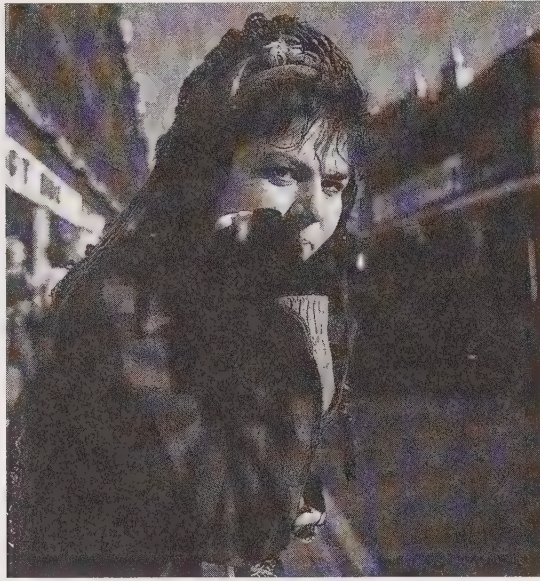
hide their true feelings, and particularly the softer, tender, weak sentiments” (Tishler & McKenry, 1983, p. 732). Boys are often described as **externalizing** their depression or expressing it outwardly and often aggressively. Girls, in comparison, more often express their depression by **internalizing** or by worrying, becoming anxious and keeping their feelings inside (Gjerde & others, 1988; Reinherz & others, 1990). Girls are more likely to exhibit both depression and an eating disorder, and boys are more likely to have both depression and a disruptive disorder (Peterson and others, 1993).

Adolescents may express depression different than adults for several reasons including:

- *Capacity for denial.* Young persons appear able to deny the reality of painful conditions or affects with greater effectiveness than adults.
- *Tendency to act out feelings.* The impulsiveness of adolescence makes it more likely that feelings will find expression in actions.
- *The desire to avoid dependence and helplessness.* Most adolescents want to feel independent, strong, and able to control their problems. They do not want to feel dependent on adults or at the mercy of events or feelings.

Adolescents are predisposed, then, toward alternative forms of dealing with depression. These different symptoms for the same disorder are called **depressive equivalents**. They serve the purpose of allowing adolescents to discharge and seek relief for their feelings. Activity of this type distracts teenagers from thinking of their problems and facing the unpleasant image they hold of themselves and their lives. Examples of depressive equivalents are difficulty concentrating, running away, sexual acting out, boredom, aggressive behavior.

- *Concentration difficulty.* Often difficulty in concentrating is the earliest, most frequently cited, and only symptom present. Typically it is the only one of which adolescents are aware. There is a defensive quality to poor concentration. As the mind seeks to avoid awareness of painfully sad thoughts and feelings, it may skip actively from thought to thought, unable to stay still for fear of it being caught by the waiting depressive alternative. The effect on school performance can be devastating.
- *Running away.* Depressed teenagers sometimes run away from the family home, foster home, or other residential setting as a means of actively dealing with overwhelming feelings that often originate in family relations. Running away provides a temporary release of tension and gives the feeling that one is in control.
- *Sexual acting out.* The urgent necessity to ward off underlying feelings of being unloved and unwanted may push the adolescent toward promiscuous sexual behavior. Close physical contact with another person provides relief. Females are especially vulnerable.
- *Boredom and restlessness.* Depressed adolescents often manifest their condition by swinging between states of short-lived but unbounded enthusiasm and periods of intolerable boredom, listlessness, and generalized indifference. It is to avoid coming



Teens display depression in many ways. Some teens run away from home as a way of getting away from an unpleasant and seemingly unchangeable situation.

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any closer to an awareness of depressive effects that the cycle of excited activity and restlessness is again renewed. “I’m bored” is often an unconscious code phrase for “I’m depressed.”

- *Aggressive behavior and delinquency.* Depressed adolescents, especially boys, sometimes carry out angry and destructive behavior, such as vandalism, in place of the depressive feelings. These actions may be designed to counteract the poor self-image and feelings of helplessness by artificially inflating the youth’s self-image as a strong, fearless, and clever person.

Adults working with adolescents need to recognize the different ways in which adolescents express feelings of depression. In some cases, these feelings are expressed by very self-destructive behaviors that jeopardize normal adolescent development in favor of temporary but ineffectual relief. The consequences of overlooking these symptoms and disregarding them as typical adolescent boredom or rebelliousness can be serious and can deprive adolescents of much needed psychological help.

## Causes of Depression

In comparison with childhood, adolescence is a time of increased risk for the development of depression. Recent findings suggest that depressive symptoms rise between late childhood and early adolescence, and continue to increase throughout the adolescent

years (Baydar & others, in press; Rutter, 1986). Because depression increases in conjunction with the developmental transitions of early to middle adolescence, researchers have begun to examine the relationship between developmental change and depression. Pubertal events, including hormonal changes and feelings about sexual maturation, an increase in the stressful life events (such as school change and parental divorce), a decline in protective factors (such as loss of family support), and cognitive changes in the ability to understand and express emotions and reflect upon self and the future have been identified as factors related to the rise in depressive symptoms (Rutter, 1986; Petersen & others, 1993). When puberty, school change, and family or friendships change at the same time (Brooks-Gunn, 1991; Petersen & others, 1991), risks for diminished self-esteem and increased depression appear to increase, especially among adolescent girls.

Several theoretical models, including psychoanalytic, cognitive, behavioral, and environmental, have been used to understand the causes for depression throughout the life span.

### *The Psychoanalytic Model*

According to the **psychoanalytic model**, the causes of depression, both normal and pathological, can be best explained under the heading of "loss" (Cantwell & Carlson, 1983; Carlson, 1983; Crumley, 1982; Curran, 1984; Petzel & Cline, 1978; Seiden & Freitas, 1980; Shaffer & Fisher, 1981; Tishler & McKenry, 1983). Seriously depressed individuals have usually experienced a series of losses, which may include losses of loved ones through death or relocation.

Depressed adolescents will often recount a history of parental separation, death, or divorce; a series of moves; death or loss of pets; moving away from trusted friends; or express the feeling that childhood was a far better state than adolescence. These lead to a feeling of hopelessness or despair at not being able to regain the lost objects or status. The anger born of this frustration is often turned against the self with harmful results.

### *The Cognitive Model*

Beck's (1967) **cognitive model** views depression as resulting from negative cognitions or thoughts. Beck discusses three kinds of negative cognitions: negative views of the self, negative interpretations of one's experience, and negative views of the future. These negative cognitions lead to feelings of hopelessness, helplessness, and depression. This model has been supported by some recent research. Adolescents who rate themselves as depressed were found to have negative views of themselves, of the future, and of their own performance (Hammen & Zupan, 1984).

According to Beck's model, some people are more likely to become depressed because of negative cognitive patterns that developed in early childhood. Early life experiences, such as parental loss or a poor parental relationship, make an individual more sensitive to similar experiences later in life. Those experiences set off negative thinking. For example, an adolescent who suffered the loss of a parent during early childhood may feel rejected by that parent. Later he may be overly sensitive to rejection from peers or dating partners. The expectation of being rejected sets off negative patterns of thinking about himself and the future (such as "no one will ever love me") and causes depression.



## *Behavioral Models*

Depression is understood according to two **behavioral models**: the *learned helplessness model* (Seligman & Peterson, 1986) and the *loss of reinforcement model* (Lewinsohn & others, 1979). According to learned helplessness theory, people become depressed because they cannot escape from a bad situation. Their efforts to improve their circumstances do not result in an improvement of conditions. Over time, they learn that trying is not worthwhile and give up their efforts. The theory was developed by observing caged animals who were repeatedly subjected to a painful stimulus. When they were later given the opportunity to escape their torture, they continued to allow themselves to be punished. An adolescent may show learned helplessness, for example, when her efforts to find a part-time job are repeatedly unsuccessful, because of economic recession. Over time, she may give up trying, even when a seemingly good opportunity is available.

The concepts of internal, global, and stable attribution have been added to the **learned helplessness model** (Abramson & others, 1978). Whether or not a negative event brings on depression depends upon the causes to which a person attributes the event. Individuals who explain bad events by causes that are their own fault (internal to them), that are likely to persist or remain stable over time, and are global or exist across many situations, are more likely to respond to bad events by becoming depressed. For example, a self-blaming or internal style may make a person see all his problems as his own fault. Research suggests that depressed children and adolescents believe that their successes are caused by external factors and that their failures are caused by internal factors (Kovacs, 1989). In other words, they blame themselves for their failures and expect that they will continue to fail in the future in the same and other situations. They believe that their successes are the result of luck or other persons or circumstances. Nolen-Hocksema and others (1991) have proposed that adolescent girls may be more likely than adolescent boys to blame themselves for their failures, thus explaining the higher rate of depression among adolescent girls than boys.

According to the **loss of reinforcement model**, depressive feelings result from low levels of positive reinforcement (see Chapter 2). This may be because few positive reinforcers are available, because events that were formerly reinforcing are no longer valued, or because the person lacks the skills to obtain or make use of available reinforcers. In short, life seems to have lost its ability to provide pleasure. As a teen moves from childhood to adolescence, some reinforcers, such as parental attention or being a member of the Boy Scouts, may become less reinforcing. New sources of reinforcement, such as the attention of a dating partner or obtaining a driver's license and car, may be harder or impossible to obtain. For this reason, the adolescent may become depressed. Sometimes being sick or depressed can bring attention from others. Depression can thus be maintained by reinforcement, such as attention, sympathy, or being excused from school or homework responsibilities.

## *Environmental Models*

In the **environmental model** an environment that lacks supports and is disorganized and stressful can contribute to depression. According to some researchers, certain environmental and sociological changes, such as increases in substance abuse, less cohesive families,



and societal pressure to achieve and be successful, have resulted in an increase in the occurrence of depression in recent years (Cicchetti & Schneider-Rosen, 1984). If the environment offers strong sources of support, through family, friends, teachers or others, it can offset or buffer the effects of environmental stress.

There is some evidence that African-American teens may be more vulnerable to depression than white Americans. Freeman (1982) examined emotional distress among 607 urban African-American high school students 15 to 18 years of age. Subjects reported high distress primarily about feelings of economic disadvantage, volatile anger, interpersonal sensitivity, and loneliness. It is likely that environmental factors contributed to the high levels of depression reported by these teens.

## Suicide

Suicide and attempted suicide among adolescents are a growing national problem (Garland & Zigler, 1993; Holinger & others, 1987) and an increasingly common response to stress and depression among young persons (Kienhorst & others, 1987). According to a recent Gallup Poll, suicide touches the lives of many American teens. Six percent of American teenagers reported that they have attempted suicide, and another 15 percent said that they had come close to attempting suicide. Sixty percent of adolescents polled said that they personally knew a teenager who had attempted suicide and 15 percent knew a teen who had succeeded (Freiberg, 1991).

Teenagers have not only become more suicidal but apparently more reckless and self-destructive in general. As the suicide rate has risen steadily over the past twenty years, so too has the rate for motor vehicle accidents, accidents of other types, and homicides (Bem, 1987). Although suicide rates for teenagers have risen 72 percent since 1986, the rate for most other age groups has decreased. It would be safe to say that while the United States as a whole has become slightly less suicidal, teenagers and young people in general (age 30 and under) have become *dramatically more suicidal*. The increase has risen most steadily and most consistently among teenagers.

It is in the area of *attempted* suicide that adolescents are truly a distinctive population (Rotheram, 1987; Spirito & others, 1987). Estimates indicate that there are 200 to 300 suicide attempts for every committed suicide in the 15- to 19-year-old age group (Curran, 1984; McIntire, 1980). There are no official records of suicide attempts since data of this type is very difficult to gather and assess on a national scale. Holinger (1979) and Phillips (1979) have suggested that a significant number of fatal single-car accidents are in fact undetected suicides. It is a commonly stated suicide fantasy among teenagers to die in a car crash.

## The Influence of Race and Place of Residence on Suicide

Suicidal behavior remains, as it has consistently for decades, a behavior in which whites (*Statistical Abstracts of the U.S.*, 1990) and the middle class (Tishler, 1981) are overrepresented. The suicide rate for African-American males has increased dramatically in recent years, however, almost tripling between 1960 and 1987. Suicide is the third leading cause of death, following homicide and accident, among African-American males

## WARNING SIGNS OF A POTENTIAL SUICIDE ATTEMPT

The following behaviors are signs that a person may be contemplating suicide. If you see these behaviors in a teen you should notify someone who is professionally capable of dealing with the situation:

1. Change in school grades
2. Withdrawal or moodiness
3. Accident proneness
4. Change in eating or sleeping habits
5. Other significant changes in usual behavior
6. Talking about killing oneself
7. Talking about "not being" or not having any future
8. Giving away prized possessions

between the ages of 15 and 24 (Berman & Jobes, 1991). Statistics indicate that Latino and Native-American youth are also increasingly at risk for violent death, including suicide (Berlin, 1987; Center for Disease Control, 1986). In regard to place of residence, since the late 1960s persons from rural areas have had a higher rate of suicide than those from urban areas (Wilkinson & Isreal, 1984).

## The Influence of Gender on Suicide

Major gender differences exist in rates of completed suicide and suicide attempts. The completion rate for males is much higher because of the type of suicidal behavior engaged in by males, and the methods they use, the lethality of the attempt, and the degree of psychiatric disturbance present. Males and females are two very different suicidal types. Universally, males are 3.6 times more likely to die of suicide than females. For youth ages 15 to 24, the ratio of male to female completed suicides was 5:1, an increase from the 3:1 ratio found a decade earlier (Freiberg, 1991). This difference is even greater between white male (14.6) and female (3.4) teenagers.

Attempt rates show even more dramatic gender differences, but in the opposite direction. Failed attempts at suicide among females are much higher than for males (Woodruff-Pak, 1988). The literature consistently has cited female-to-male ratios of at least 3 to 1. Jacobziner (1965), Weiner (1992), and White (1974) reported ratios of four to one. More recent studies show a far greater number of females among teenage suicide attempters: 5 to 1 (Curran, 1984), 9 to 1 (Hawton, 1982b, 1982c; McIntire, 1980), 9.5 to 1 (Birtchnell & Alarcon, 1971), and 10 to 1 (Toolan, 1975). One reason for the high survival rate among females is the method used (Garland & Zigler, 1993). While males often resort to such violent and effective means as firearms and hanging, females tend to choose less violent and less deadly means, such as pills. Male suicidals are considered to

Why do males use such violent means in their efforts to destroy themselves? One answer is, "Males are just naturally more violent than females." But this begs the question. It doesn't really answer *why* there is this difference.

Do males have more access to guns, ropes, and poison than females? Are males more intent on making sure they actually die, rather than getting the sympathy of others? Are males more interested in hurting those they leave behind, by dying in such mutilating ways? What's your opinion?

be significantly more disturbed than female (Hawton, 1982a, 1982b, 1982c; Otto, 1972; Teicher, 1973). They may also be more committed to dying and therefore succeed far more often (Weiner, 1992). One recent study (Meyer, Pierce, & Burgess, 1991) indicates that males express more hostility and have higher expectations for success than females. The authors conclude that males may be at greater risk for completing suicide because they hold high expectations and are more likely to express their frustration and anger in aggressive ways. In order to reduce the risk for suicide, adolescent males need to learn how to express their anger in less dangerous ways and become more accepting of their personal strengths and weaknesses.

### The Meaning of Suicide Attempts among Teenagers

The relative infrequency of suicidal deaths in teenagers raises questions about the actual meaning and intent of these apparently self-destructive acts. Several studies have explored the lethal intent in adolescent suicide attempts. Bancroft (1979) reported that among a general population of those admitted to a hospital emergency room because of self-poisoning, 42 percent stated that they had no intention of dying. Persons in Bancroft's study were considered to have the lowest level of suicidal intent, compared to the 21 to 35 and the 36-and-over age groups, as learned from the self-reports of subjects. Curran (1984) asked teenagers who attempted suicide if they thought that adolescents who attempt suicide intend to die. Only 16 percent named "wish to die" as the primary motive.

Self-poisoning (usually through drug overdose) is by far the most common mode of attempting suicide among female and younger adolescents in general. Self-poisoning, however, is rarely of high lethality. McIntire (1980) reported that only 12 percent of cases intended to cause death.

It is safe to say that most teenage injuries to self are not attempts to end life (although, unfortunately, attempts sometimes end in death, even when that is not the intent). What then is the actual meaning of and reasons for such dramatic acts? What are the hoped-for effects of the suicidal act of low lethality?

Considerable research points to the highly communicative quality of this type of suicidal behavior, particularly in younger and female populations. Further, teenage suicide attempts appear to occur within an interpersonal context (Hawton, 1982a; Topol & Reznikoff, 1984; Wenz, 1979; White, 1974). That is, it is often the hope of the suicidal adolescent to regain a lost love or influence the lover to feel more positively. Bancroft (1979) found that 45 percent of the 16- to 20-year-old suicide attempters studied were "seeking help" by means of their suicide attempt, while 35 percent sought to "influence someone."

The finding that teenage suicide attempts are usually of low lethality in no way diminishes the seriousness of the action. The adolescent who attempts suicide is a needy person whose act should be treated with the utmost seriousness. This is also true for those who "only talk about committing suicide." Their remarks should always be referred to qualified personnel.

Adolescent suicide and attempted suicide can derive from a variety of conditions. However, certain common factors have been found. In every case, suicidal behavior occurs as the culmination of multiple, long-standing, significant problems, both within the person and between that person and the environment. Suicidal adolescents generally feel overwhelmed by stress and do not feel they have the personal or social resources to handle that stress (Weiner, 1992). Research suggests that certain personality, family, and societal factors are frequently associated with adolescent suicide.

## Personality Problems as Causes of Suicide

Historically speaking, adolescent suicidal behavior has been viewed as behavior of an impulsive nature, often indulged in by relatively normal teenagers (Crumley, 1982; Jacobziner, 1965). It has become increasingly clear, however, that teenage suicide attempters are significantly troubled individuals whose emotional problems are impressive. The results of a 1990 poll of American teenagers revealed that teenagers who had attempted suicide or who came close to attempting suicide were experiencing many problems. The most commonly given reasons for considering or attempting suicide were problems at home (47%), depression (23%), problems with friends and social relations (22%), low self-esteem (18%), boy-girl relationships (16%) and feelings that no one cared (13%) (Freiberg, 1991).

Labeling of suicidal adolescents has proved difficult because of the myriad ways in which teenagers manifest their symptoms and hide or obscure their real feelings to the adult world. A variety of psychiatric diagnoses have been noted among teenagers who have attempted suicide. The three most frequently found diagnoses are substance abuse (drug and alcohol), conduct disorder (including such antisocial behaviors as shoplifting, drug selling and prostitution), and depression. In addition, the presence of aggression, low frustration tolerance, and impulsivity substantially increase the risk of suicide (Berman & Jobes, 1991). Personality problems frequently associated with suicide include the following:

- *Depression.* The feature most often seen in the literature on adolescent suicide is depression. Therapists and other mental health workers have become better at spotting it in its various "masked" forms (Tishler & McKenry, 1983).



- *Overreliance on limited support.* Adolescents who attempt suicide tend to overinvest themselves in very few, but very intense, interpersonal relationships. They appear to have a limited capacity to support themselves emotionally or to cope with their lives by means of internal strength alone. Rather, they rely heavily on the support of others, usually peers (Topol & Reznikoff, 1984; Walch, 1976). Other research suggests that many suicidal adolescents have no close friends or confidants or have recently lost an important friendship (Berman & Jobes, 1991).
- *Communications skills.* Suicidal adolescents tend to express troubled feelings through behavior rather than internal or interpersonal dialogue. Adolescents who are aware and tolerant enough of their unhappiness to talk about it are at far less risk of suicide than those who have no other expressive medium available to them.
- *Reality testing.* Adolescents who attempt suicide often lack an adequate capacity to accurately assess their life situation. It is difficult for them to put things in perspective. Troubles in one area of their lives are generalized to other areas.
- *Hypersensitivity.* All adolescents occasionally overreact to situations, but the hypersensitive youth will have an extreme reaction to situations that would only mildly disturb most people. The disruptions caused by seemingly trivial events may come together in a suicide attempt.
- *Suggestibility.* Sabbath (1969) has described the “expendable child,” who believes that his parent or parents wish him dead. This parental wish may be conscious or unconscious, spoken or unspoken, true or untrue. But to the extent that children are **suggestible**, they are likely to try to comply with this perceived wish. Glaser (1965, 1978) has studied the emotionally detached parent, who is unwilling or unable to demonstrate love. Such parents may care deeply for their children, but suggestible adolescents tend to take their apparent detachment as a wish for their death.
- *Magical thinking.* Many adolescents have an unrealistic view of death’s finality and use suicide as a means to radically transform the world and solve problems or to join a loved one who has already died. We call this **magical thinking**. These feelings are often aided and abetted by the glorification of suicide that sometimes occurs in the media.
- *Religious fanaticism.* Some adolescents, whose faith in the omnipotence and omniscience of God is particularly strong, and who are doubtful about whether they are good enough to continue living, decide to *attempt* suicide and leave the outcome to God. Just as in medieval times when disagreements were settled by jousting matches, extremely religious youths expect God to intervene and save them from death by their own hand if He judges them worthy of life.
- *Lack of control over the environment.* Corder and colleagues (1974) cite the inability to change one’s environment as a frequent cause of attempted suicide. This concept was first studied by Rotter (1971), and a review of the studies of personal control has appeared elsewhere (Dacey, 1976). People tend to fall into one of two categories in terms of their sense of control over their lives. “Internals” see control as self-derived; they have a sense that they can influence what happens to them by their own actions.

“Externals” see control as imposed by outside factors; thus, they see life as a matter of chance or luck. Some externals really do not have much control; others only imagine they do not. In either case, external individuals are far more likely to commit suicide than internals.

- *Limited problem-solving skills.* Adolescents who attempt and complete suicide often have a greater number of stressful life events and limited coping skills. Youth at risk for suicide are generally not able to think of many ways to solve the problems they face. Suicide may be one of the few choices they see as available (Berman & Jobes, 1991).

## Family Problems as Causes of Suicide

Considerable research was devoted in the early 1980s to the constitution, dynamics, and histories of the families of suicidal adolescents (Angle, 1983; Crumley, 1982; Hawton, 1982a, 1982b, 1982c; McKenry, Tishler, & Kelley, 1982). It has been shown that the families of suicidal adolescents experience significantly more dysfunction, disorganization, mobility, and loss than the families of normal teens. The following characteristics tend to typify the families of many suicidal teens:

- *Family Instability.* Suicidal adolescents often grow up in disrupted and disorganized families, in which abuse, family and marital conflict, psychopathology, and physical illness are common (Weiner, 1992). Parental losses tend to occur at an earlier age for the suicidal adolescent than for comparison groups of disturbed, nonsuicidal adolescents. Other family members, including parents and siblings, have themselves previously attempted or completed suicide. The threatened loss of a parent during adolescence because of death or separation can bring on a suicide attempt for a vulnerable teenager. A high incidence of parental deprivation, both physical and emotional, has also been reported (Wade, 1987; White, 1974). Pierce and Schwartz (1992) found that suicidal adolescents describe consistently negative relationships, lacking feelings of intimacy, with both parents. Physical abuse in the home has been cited by Green (1978) as a relatively more common element. Suicidal youth are also more likely to have parents with a psychiatric disorder, such as substance abuse and depression (Berman & Jobes, 1991). Psychiatrically ill parents are sometimes unable to provide the care and guidance their children need.
- *Parent-child role reversals.* Parents and children sometimes exchange traditional role behaviors. This is called **parent-child role reversals**. In the parent-child interaction, the child adopts some parental behavior (for example, caretaking, supporting, nurturing, advising), and the parent acts more as a child would be expected to act (for example, seeking support, acting helpless, or unable to cope) (Kreider & Motto, 1974). Role reversal occurs frequently in a home where there is one parent or one child, and where the parent is elderly or ill. Role reversal tends to produce anxiety, pain, frustration, and hostility in adolescents.



Teenagers who are experiencing high levels of stress and feel lonely and rejected by friends and family may be at-risk for suicide.

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- *The appearance of not being needed.* When we feel that no one needs us, we tend to become lonely and self-centered.

*The person needed must be obviously relied upon by others, and his absence should create a disruptive and foreseeable gap. In this light, it is understandable that one of the highest suicide rates is that of middle-aged bachelors and one of the lowest is that of married women with children. . . . It is nice to know we are loved, but essential to know we are needed (Wynne, 1978, p. 311).*

- *Communications.* Finally, serious impairment of communication between father and daughter is increasingly being noted and treated as a factor in the dynamics of the female adolescent suicide (Angle, 1983; Hawton, 1982a, 1982b, 1982c; McKenry & others, 1982).

## Societal Problems as Causes of Suicide

Peer problems are considered a critical factor in the development of adolescent suicidal behavior (Celotta, Jacobs, & Keys, 1987; Jacobs, 1971; Rohn, 1977; Teicher, 1973; Tishler, 1981; Walch, 1976; Wenz, 1979). This is especially true for disturbed, suicidal adolescents whose family life has often been inadequate.



## ONE PERSON'S HISTORY OF SUICIDE ATTEMPTS (ANONYMOUS)

My first psychiatrist told my parents that my psychological tests indicated that I was potentially suicidal. I was 14 then. At 22, I had made five suicide attempts and had been in six mental institutions, which add up to 29 months as a mental patient and five years of intensive therapy. My diagnosis was borderline schizophrenia, chronic depression, and sado-masochism. Why? How had I become so obsessed with suicide?

When I flash back on my adolescent days, I remember feeling ugly, socially awkward, stuck away in an all-girls' boarding school reading Camus and Hesse, unpopular, and stupid! In fact, I was not quite as dreadful as all that, but in my mind I was. I felt different. I once wrote, "I'm at the bottom of an upside-down garbage can and it's so ugly." The world was horrible, but I was the worst part of it.

Suicide was my escape. Unsuccessful suicide attempts put me in the care of others who delicately forced me to confront my feelings of sadness and anger. I had to learn to share with others and sometimes that was what I secretly wanted. Two of my attempts, however, were calculated, purposeful acts. Despite what shrinks may say, I wanted to be dead, not taken care of.

What did death mean to me? One of my earliest memories is sitting on moss-covered ground in a grove of pines, reading *The Prayer for the Dead* with my basset hound curled up beside me. Suicide meant escape from hell on earth. No other purgatory could be worse than this one. Even if I were reincarnated, I would end up being some "lowly animal" with the kind of mind that could not plague me with frightening, lonely, depressing thoughts. I clung to my friends and family, but it only increased my anger and self-contempt. I treated those people as my keepers who temporarily saved me from being left alone with my tormenting mind.

The final blow hit in Boston. I gradually withdrew from the few friends I had, as well as my family. Death had grown so close that I no longer felt that I had much time. It was impossible to commit myself to anyone or anything. I was reserved, yet few people could sense how obsessed I was with death. Signs of affection terrified me because I knew I could not let anyone count on me. I needed death if life became too unbearable.

It finally did. I had become so passive that I no longer made contact with people. They had to call me. So much time had elapsed since I had felt close to someone that it seemed my "disappearance" would not really upset anyone. In addition to this, I was convinced that I was too stupid to handle academics or even a menial job (even though I had two jobs at the time). On a day when I knew no one would try and reach me, I took three times the lethal dosage of Seconal.

I was found 24 hours later and came out of a coma after 48 more. My arm was paralyzed. This time, I was placed in a long-term hospital. Another try at life began. With the help of an excellent therapist and the patient love of those whom I had thus far rejected, I have started once more. It has been two years since I took the pills. I think I know why people bother to live now.



"Epidemics" of teenage suicides and suicide attempts in a single locality recently have caused researchers and laypersons alike to wonder about the contagiousness of adolescent suicidal behavior. The National Center for Disease Control in Atlanta, Georgia, is mounting a major effort to study this. Some excellent research does suggest that well-publicized suicides bring out latent suicidal tendencies in adults and significantly increase the rate of suicide in the geographic area covered by the publicity (Ashton & Donnan, 1981; Bollen & Phillips, 1982; Phillips, 1979). It is reasonable to assume that adolescents are at least as readily influenced as adults.

Curran (1984) has demonstrated that teenagers are quite familiar with suicide as a behavioral alternative to coping with life's problems. He reported that 87 percent of the female high school students questioned knew someone who had attempted or committed suicide. In 55 percent of the cases, it was a person known well by the teenager—a friend, close relative, or family member. Among the males questioned, 57 percent knew someone who had attempted suicide; 29 percent knew the attempter well.

## CONCLUSIONS

We are living in a time of rapid social and technological change. Adolescents must cope with the stress associated with those changes, as well as with the stressors that accompany the biological and emotional changes of adolescence. High levels of stress bring increased risks for physical disease and mental health problems. Fortunately, most adolescents have developed good coping strategies and possess a number of protective factors, which help them to maintain good physical and emotional health.

Mental health problems may develop when life stress combines with other risk factors. Mental disturbance is not a normal part of adolescent development. Society is exposing youth to serious risks, including drugs, alcohol, poverty, and violence, which add to the psychological distress of growing up. Signs of psychological distress and mental disturbance among teens need to be taken seriously by adults. Cultural change, as well as developmental, individual, and familial factors, contribute to the risk for eating disorders, especially among adolescent women. Many adolescents show some symptoms of depression, but a much smaller number are severely depressed. Depression is one of the many risk factors contributing to adolescent suicide. In this final quarter of the century, we have been learning a great deal about the causes of mental distress and the stress factors that are so often related to it. Much progress has been made in the discovery of effective prevention and remediation in both areas.

The same cannot be said for the topic with which the next chapter is concerned, teenagers in trouble with drug and alcohol abuse. We sincerely hope that some of the readers of this book will some day make valuable contributions to the fight against substance abuse.

## Dealing with Stress

- Change, especially that caused by future shock, is the major factor in stressful situations.
- Many life events, including major events and daily hassles, contribute to stress in our lives.
- Selye's concept of the general adaptation syndrome includes stages of alarm reaction, resistance, and exhaustion.
- It is not unusual for disease to result from long-term and/or varied stressors.

## Coping Strategies

- Coping strategies can be adaptive (healthy) or maladaptive. Adaptive coping strategies help adolescents to reduce the negative effects of stress.

## Risk and Resilience

- Protective factors can shield or protect adolescents from the effects of stress.
- Adolescents who are exposed to many risk factors, but develop few behavioral or psychological problems, are called resilient.

## Mental Disturbance

- The idea that those who develop mental illness during adolescence will "grow out of it" is not supported by research.
- The rate of emotional disturbance among adolescents is very close to the rate of emotional disturbance among adults.

## Eating Disorders

- Two of the most disruptive problems for adolescents are the eating disorders known as anorexia nervosa and bulimia nervosa.
- Adolescent girls develop eating disorders more than any other age group.
- Developmental, cultural, individual, and familial factors are associated with the development of eating disorders.

## Depression

- Among the symptoms of adolescent depression are major changes in study, eating, and other behaviors, accident proneness, depressed talk, and giving away prized possessions.
- Teens often mask their depression through depressive equivalents.
- Teens who are depressed often suffer from more than one psychological disorder.
- Depression has been explained according to psychoanalytic, cognitive, behavioral, and environmental models.

## Suicide

- Suicide is a response to stress and depression for some adolescents.
- Suicide is most common among middle-class whites, but the suicide rate for African-American males has increased in recent years.
- Females are more likely to attempt suicide, but males are more likely to die from it.
- The causes of suicide include personality, family, and societal problems.

## KEY TERMS

Adolescent life change event scale 349, 355	Environmental model (of depression) 370	Protective factors 357
Alarm reaction 351	Externalizing 367	Psychoanalytic model (of depression) 369
Anorexia nervosa 361	Future shock 350	Psychopathology 359
Behavioral model (of depression) 370	General adaptation syndrome 351	Resilience 357
Bulimia nervosa 362	Internalizing 367	Risk factors 357
Cognitive model (of depression) 369	Learned helplessness model (of depression) 370	Social readjustment rating scale 355
Coping strategies 354	Loss of reinforcement model (of depression) 370	Stage of exhaustion 351
Depression 365	Magical thinking 375	Stage of resistance 351
Depressive equivalents 367	Novelty 350	Stress 346
Diversity 350	Parent-child role reversals 376	Suggestibility 375
		Transience 350

## WHAT DO YOU THINK?

1. Can you give an example of the general adaptation syndrome from your personal experience?
2. What is your score on the social readjustment rating scale? Is it a cause for concern? Why or why not?
3. What are five productive ways of dealing with everyday stress? Suppose you realized that a close friend had developed an eating disorder. What would you do?
4. Think back to the last time you felt depressed. Now imagine that it was much worse than it was. How would you feel? How would you act? What would you do?
5. Why is there such a big difference in suicidal behavior between males and females?

## SUGGESTED READINGS

- Benson, H. & William P. (1985). *Beyond the relaxation response*. New York: Berkley. A stress reduction program that has helped millions of people live healthier lives. Includes his concept of the "faith factor."
- Bethancourt, T. E. (1985). *The me inside of me*. New York: Lerner. When his entire family is killed in a plane crash, 17-year-old Freddie Flores is left rich and alone. Now he must not only learn how to handle his grief, he must learn to deal with his newly gained wealth, as well.
- Blume, J. (1987). *Letters to Judy: What your kids wish they could tell you*. G. P. Putnam's Sons. Judy Blume offers letters from young adults who confide their concerns with friendships, families, abuse, illness, suicide, drugs, sexuality, and other problems. In return, the author shares similar moments from her own life, both as a child and as a parent. She does not hesitate to reveal her own embarrassing situations to help us feel less alone. A special "Resources" section lists books for additional reading and addresses of special interest organizations.

- Bunting, E. (1985). *Face at the edge of the world*. New York: Ticknor and Fields/Clarion Books. Jed should have been the first one to know, but instead he finds out from the headlines in the morning paper—Charlie, his best friend, has committed suicide. Why?
- Curtis, R. H. (1986). *Mind and mood: Understanding and controlling your emotions*. Scribner's. According to Curtis, knowing more about emotions and how they affect the body can help in understanding and controlling them. This book has chapters on the nervous system and endocrine system, which address the physiological impact on emotions; a chapter on behavior modification; and a section with personality tests that you can take.
- Gibson, M. (1980). *The butterfly ward*. New Orleans: Louisiana State University Press. This set of short stories tells what it is like to be between sanity and insanity. It is a sensitive look at the world of the mentally ill, both in and out of institutions.
- Plath, S. (1971). *The bell jar*. New York: Bantam. This famed book tells the story of Esther Greenwood's painful month in New York City, which leads eventually to her insanity and attempted suicide.
- Rebeta-Burditt, J. (1986). *The cracker factory*. New York: Bantam. This novel humorously describes the difficulties of a young woman who takes to drinking because of the pressures in her life and is eventually institutionalized because of an attempted suicide.
- Sechehaye, M. (1970) *Autobiography of a schizophrenic girl*. New York: New American Library. Written by a Swiss psychoanalyst, this book describes the method of therapy as it was applied to a case of schizophrenia. Offers many insights into this malady that often starts during adolescence.
- Selye, H. (1974). *Stress without distress*. Philadelphia: Lippincott. Offers many suggestions on how to achieve a rewarding life-style.



## 12

The tremendous fact for every one of us is that we have discovered a common solution. We have a way out on which we can absolutely agree, and upon which we can join in brotherly and harmonious action. This is the great news [for] those who suffer from alcoholism.

*Alcoholics Anonymous, p. 17*

## SUBSTANCE ABUSE

Some Definitions

Prevalence of Use

*Alcohol and Illegal Drugs*

*Anabolic Steroids*

*Tobacco*

Sex and Abuse

Ethnic Group and Abuse

Crime and Abuse

Personal Responsibility and Abuse

Combatting Substance Abuse

*Prediction*

*Treatment*

*Prevention*

Conclusions

Chapter Highlights

Key Terms

What Do You Think?

Summed Up

**H**e always wanted to explain things  
But no one cared.  
The teacher came and spoke to him.  
She told him to wear a tie like all the other boys.  
He said it didn't matter.

After that they drew.  
And he drew all yellow and it was the way he felt about the morning  
And it was beautiful.

The teacher came and smiled at him.  
"What's this?" she said. "Why don't you draw something like Ken's drawing?  
Isn't it beautiful?"  
After that his mother bought him a tie.  
And he always drew airplanes and rocket ships like everyone else.

And he threw the old picture away.  
And when he lay out alone looking at the sky  
It was big and blue and all of everything.  
But he wasn't anymore.  
He was square inside and brown  
And his hands were still  
And he was like everyone else.

And the things inside him that needed saying didn't need it anymore.  
It had stopped pushing.  
It was crushed.  
Stiff.  
Like everything else.

*By a 16-year-old boy who later died of drug overdose.*

The transition from childhood to adulthood can be difficult, but the majority of adolescents are able to negotiate it successfully. Add the problems of substance abuse, mental disturbance, and/or crime, however, and much unhappiness always results. As the poem above suggests, some teens suffer from a crushing of their spirits that can lead to two or even all three of these problems. Sad to say, having one of the problems increases the chance that you will suffer from the other two. Hersch (1990) states that, in contrast to earlier generations of adolescents, "Today's kids, whether from inner cities or the suburbs or rural towns, must navigate a narrow course between drugs, alcohol, crime, and various forms of danger" (p. 23). Therefore, no study of American adolescence is complete without taking a hard look at these distressing areas.

In this chapter, we examine the extent of adolescent use of alcohol and illegal drugs, and to what extent sexuality, crime, personal relations, and ethnic groups are involved. The chapter will also help you to become better aware of your own attitudes toward drugs and alcohol. In the final section, we discuss ways of combatting substance abuse.

When you finish reading this chapter, you should be able to:

- Define basic terminology and phrases related to substance abuse.
- Assess both your current level of factual knowledge about drugs, as well as arrive at a deeper understanding of your personal attitudes and/or experience with substance use.
- Describe the prevalence of drug use among different groups of adolescents and between different types of drugs, and state any major differences between groups.
- Identify a pattern in substance abuse between 1977 and today, and thoughtfully speculate as to its causes.
- State at least three reasons for the high degree of correlation between sexual activity and substance use, and describe which drugs are most related to sexual activity, and why. You will also be able to distinguish between the myths and the realities about sexual enjoyment and drug use.
- Explain the difficulty involved in trying to examine the connection between ethnicity and substance abuse.
- Take a stand on which factor has more of an impact on drug use: quality of family relationships or family structure (divorce, etc.), and state why.
- Identify at least three risk factors associated with drug abuse among adolescents, and state why it is difficult to get adolescents into treatment programs.
- Compare some common drug abuse prevention methods as to their relative strengths and weaknesses.
- Describe several activities which could be effective alternatives to drug use and state, specifically, why they ought to be effective.

How widespread is substance abuse? Table 12.1 gives an overview of the situation. (Office of Technology Assessment, 1991).

We will look at the evidence more closely, but first let's alert you to several cautions about substance abuse studies. Some authors have suggested ways in which living in areas where drug abuse is common has negative effects on adolescents, *including those who do not use drugs*. In poor urban neighborhoods, an adolescent's desire for a quick way out of poverty often leads to his becoming a dealer of illegal drugs (Williams, 1990). In these neighborhoods, police may assume that all adolescents are involved with illegal drugs, and sometimes arrest those who are neither users nor dealers (Cooper, 1990).

As Oetting and Beauvais (1990) point out, many important differences among some categories of adolescents, for example, Latina girls in the western states may get lost in large national surveys. Results from these national studies may also show less agreement

Table 12.1

**PERCENTAGE OF SURVEYED U.S. ADOLESCENTS  
OF DIFFERENT AGES REPORTING EVER HAVING  
USED ALCOHOL OR OTHER TYPES  
OF PSYCHOACTIVE SUBSTANCES**

	Percentage of Respondents Reporting Ever Having Used			
	<i>NIDA Household Survey on Drug Abuse, 1988</i>	<i>National Adolescent Student Health Survey, 1987</i>		<i>Monitoring the Future/High School Seniors Survey, 1989</i>
	<i>12- to 17- year-olds<sup>a</sup></i>	<i>8th graders</i>	<i>10th graders</i>	<i>High school seniors</i>
Alcohol	50.2%	77.4%	88.8%	90.7%
Cigarettes	42.3	50.8	63.5	65.7
Marijuana/hashish	17.4	14.5	35.1	43.7
Smokeless tobacco/snuff	14.9	NA	NA	NA
Inhalants	8.8	20.6	20.6	17.6
Nonmedical use of stimulants	4.2	9.0 <sup>b</sup>	15.7 <sup>b</sup>	19.1
Nonmedical use of analgesics	4.2	NA	NA	NA
Hallucinogens (all forms)	3.5	2.6	6.7	9.9
Cocaine (all forms)	3.4	3.6	7.7	10.3
Nonmedical use of sedatives	2.4	NA	NA	7.4
Nonmedical use of tranquilizers	2.0	NA	NA	7.6
PCP	1.2	NA	NA	3.9
Crack cocaine	0.9	1.6	2.7	4.7
Heroin	0.6	NA	NA	1.3
LSD	NA	NA	NA	8.3
Needle use	0.4	0.9 <sup>c</sup>	0.5 <sup>c</sup>	NA

Source: Office of Technology Assessment, 1991.

NA: not available.

<sup>a</sup>Sample size is too small to disaggregate by single year of age.

<sup>b</sup>Includes over-the-counter as well as prescription (e.g., amphetamines) drugs.

<sup>c</sup>Information collected on needle use for injection of cocaine only.



## DO YOU HAVE A DRINKING PROBLEM?

The following questions may help you to decide whether you have a drinking problem:

- *Do you drink to escape from the pressures of college life?*
- *Do you sometimes skip classes because of hangovers?*
- *Do you drink more than your friends?*
- *Do you drink to escape from reality, boredom, or loneliness?*
- *Do your friends or loved ones express concern about your drinking?*
- *Do you drink and get drunk even when intending to stay sober?*
- *Do you drink when you are alone?*
- *Do you drink frequently to a state of intoxication?*
- *Have you had two or more "blackouts" (can't remember some or all of what happened while you were drinking) in the past year?*
- *Have you gotten into trouble with the police and/or college officials as a result of your behavior while drinking?*

If you must answer *yes* to any of these questions, you may have a problem with alcohol, and perhaps you should seek advice from trained personnel. If you must answer *yes* to more than two of the questions, especially those on the second half of the list, you definitely have reason for concern, and should seek help.

*Source: Adapted from Chebator, 1993.*

because of the use of different sampling methods. Another problem is that such surveys are carried out through schools, so they miss all the youths who have left school, many of whom may have more extensive drug problems than those who remain in school.

## SOME DEFINITIONS

A drug is any chemical or vegetable substance that causes an emotional or behavioral change.

**Drug abuse** is use of a drug in such a way that the individual's physical, mental, or emotional well-being is impaired.

Historically, **drug addiction** referred to dependence on narcotics. Today it has so many meanings that experts are now beginning to use the term "drug dependence" instead.



The abuse of inhalants, such as paint thinner and glue, is occurring with increasing frequency, even among those in early adolescence.

---

**Drug dependence** occurs when there is a physical or psychological need, or both, resulting from continuous drug use. Psychological need occurs when the person feels anxious, depressed, or irritable when she doesn't have the drug. Physical dependence, on the other hand, occurs only when negative physical symptoms result from drug withdrawal, such as vomiting, sweating, muscle tremors, joint pain, delusions and hallucinations, and almost always a strong sense of anxiety. About 5 percent of all American teenagers are physiologically drug dependent.

**Drug tolerance** is a condition that develops from continuous use of a drug. It occurs when a larger and larger amount is needed to produce the same effect.

**Abuse of inhalants** such as airplane glue, paint thinners, and gasoline is becoming more common. The most popular new inhalant is amyl nitrite, popularly known as "poppers."

**Drug overdose** is defined as taking so much of a drug that it causes an acute reaction, usually extreme anxiety which is sometimes followed by stupor, low breathing rate, and in rare cases, coma. Hallucinogens, marijuana, and stimulants can produce an anxiety attack even when taken in small doses; users become agitated, frightened, suspicious, and think that people are "out to get them." While medical attention is always necessary in the case of drug overdose, it is also important that those who are first on the scene remain calm and that they reassure the person he or she will be all right.

**Victimless crime** is a term often applied to the use of drugs (see Chapter 13). Some people feel that abusers are the only ones who suffer from the use of drugs, so they should not be fined or imprisoned for their actions. However, drug abusers tend to be poor financial risks, dangerous drivers, and often resort to theft to support their habit; they are usually dependent on their families and often on society for support. So their acts are seldom victimless.

**Controlled drugs** are all those that have been limited in their distribution and manufacture under the Controlled Substances Act of 1970. This act empowers the Attorney General of the United States to punish those who use or sell drugs illegally. There are five levels of punishment under this law. Most of the drugs discussed in this chapter are covered by the act.

Possession, dealing, and trafficking in drug substances are also distinguished legally. Illegal **possession** refers to obtaining drugs from someone not legally sanctioned to distribute them. **Dealing** is the sale of drugs on a small scale, usually carried out by a friend of the purchaser. **Trafficking** involves the sale of much larger amounts of drugs. Each of these violations of the law carries a different penalty.

### *An Applied View:*

## WHAT DO YOU KNOW ABOUT DRUGS?

Test your knowledge of drugs by answering the following questions.

1. During which time was drug abuse a problem in the United States?
  - a. during the Civil War
  - b. in the 1950s
  - c. in the 1960s
  - d. all of the above
2. How do most drug users make their first contact with illicit drugs?
  - a. through "pushers" seeking new customers
  - b. through their friends
  - c. accidentally
  - d. through the media
3. Which of the following is the most commonly abused drug in the United States?
  - a. marijuana
  - b. alcohol
  - c. cocaine
  - d. heroin
4. Which of the following is not a narcotic?
  - a. heroin
  - b. marijuana
  - c. morphine
  - d. methadone
5. Which of the following is not a stimulant?
  - a. amphetamine
  - b. caffeine
  - c. mescaline
  - d. methamphetamine

*(continued)*

6. Which of the following drugs does not cause physical dependence?
  - a. ethyl alcohol
  - b. morphine
  - c. mescaline
  - d. secibarbital
  - e. codeine
7. Which of the following is not a hallucinogen?
  - a. MDA
  - b. LSD
  - c. STP
  - d. MPA
8. Why is intravenous injection the most dangerous method of taking drugs?
  - a. because of the rapidity with which the drug enters the system
  - b. because nonsterile equipment and solutions are likely to cause serious medical complication (such as getting HIV [virus] and AIDS)
  - c. because the amount of drug entering the bloodstream is likely to be large
  - d. all of the above
9. When a person becomes physically dependent on drugs, what is the primary reason he or she continues to take the drug?
  - a. to experience pleasure
  - b. to relieve discomfort
  - c. to escape reality
  - d. to gain acceptance among friends
10. Which of the following drugs has never been used to treat narcotic addiction in the United States?
  - a. cyclazocine
  - b. naloxone
  - c. methadone
  - d. psilocybin
  - e. heroin
11. Which of the following is an effective treatment method for drug abusers?
  - a. maintenance
  - b. detoxification
  - c. abstinence
  - d. psychotherapy
  - e. all of the above

*Source: Special Action Office for Drug Abuse Prevention, 1976.*



ANSWERS TO "WHAT DO YOU KNOW ABOUT DRUGS?"

1. (d) All of the above. The use of drugs is as old as the history of humankind. In the United States there have been special drug abuse problems in different periods. During the Civil War opium was used medically, and since its addictive properties were not clearly understood, many wounded soldiers became addicted. Following the Civil War, the practice of opium smoking became popular on the West Coast and spread to many urban areas. Throughout the century, there were periodic "drug scares" created by the use of cocaine at the turn of the century, heroin in the 1920s, marijuana in the 1930s, and heroin again in the 1950s. The 1960s saw a social explosion of drug use of all kinds, from LSD to heroin and marijuana.
2. (b) Through their friends. With the exception of alcohol, which is usually first used at home, most drug users are introduced to drugs by friends.
3. (b) Alcohol. Estimates are that about nine million Americans are alcoholics.
4. (b) Marijuana. In the past marijuana was legally classified as a narcotic, but it isn't now. Marijuana's effects are similar to stimulants, sedatives, or hallucinogens, and its actual effects depend on dose, frequency of use, set (personality and expectation of the user), setting (environment), and other factors. Morphine and heroin are legally and pharmacologically classified as narcotics. Methadone is a synthetic narcotic.
5. (c) Mescaline. All are stimulants except mescaline, which is a hallucinogen with effects similar to LSD.
6. (c) Mescaline. Physical dependence on mescaline (the drug derived from the mescal and peyote cactus) and many other hallucinogens has not been verified.
7. (d) MPA. MPA is not an acronym for any known drug. MDA, LSD, and STP are hallucinogens with similar effects. MDA (Mellow Drug of America) and STP (Serenity, Tranquility, Peace) are street drugs.
8. (d) All of the above. In particular, nonsterile equipment (b) is a serious hazard often overlooked by the drug user.
9. (b) To relieve discomfort. When people stop taking a drug that they are physically dependent on, they develop physical withdrawal symptoms (such as muscle spasms, vomiting, sweating, insomnia, and so forth). Taking the drug relieves the discomfort of withdrawal symptoms.
10. (d) Psilocybin. Psilocybin is a hallucinogen which has no accepted medical use. All of the other drugs have at various times been used to treat narcotic addiction. When heroin was introduced in 1898, some people thought it had possibilities for treatment of "morphinism." Methadone, cyclazocine, and naloxone are used currently to block the "high" produced by heroin.
11. (e) All of the above. All these methods have been used successfully to treat drug abusers, and many have been used in combination.

Let us turn now to a review of the research on specific aspects of substance abuse.

## PREVALENCE OF USE

### Alcohol and Illegal Drugs

It has been difficult to say with precision how widespread substance abuse is. Until recently, studies have differed, from year to year, region to region, and from one another, even when year and region were the same. In the last few years methodologies have improved. One of the most intensive studies of use by high school seniors found a decrease in marijuana, an increase in cocaine and crack cocaine, and a leveling off in alcohol (which could not get a lot higher than it is, see Figure 12.1). In a review of recent literature on the status of substance use and abuse among children and adolescents, Newcomb and Bentler (1989) point out that although a number of recent studies have found a decline in adolescents' use of most drugs, teens in the United States *still* have the highest rates of drug use and abuse in the industrialized world.

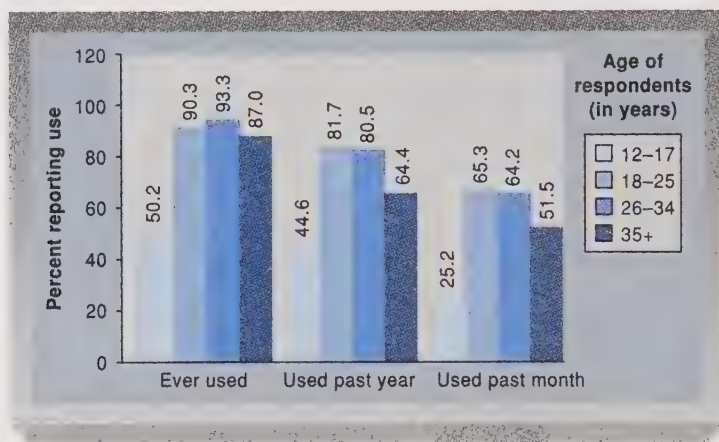


Figure 12.1 Use of Alcohol in the United States, by Age, 1988.

Source: Office of Technology Assessment, 1991, based on data from U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Drug Abuse, *National Household Survey on Drug Abuse: Main Findings 1988*, DHHS Pub. No. (ADM) 90-1682, Rockville, MD: 1989.

One of the newer drugs to hit the adolescent subculture is MDMA (also known as Adam or Ecstasy). It produces a smoother, longer euphoria than cocaine and is one of the so-called designer drugs (Buffum, 1988). Its use is definitely on the rise, in part because a number of psychiatrists have thought that it can enhance communication. A crystalline form of methamphetamine, or "crystal meth," commonly called "ice" is now widely used in Hawaii, and may soon become a problem with teenagers on the mainland (Lerner, 1990).

What follows is a quotation from the summary of a recent study (Wechsler & Isaacs, 1991) of the drinking behavior of college *freshman* in the northeastern section of the country:

*The results of a survey of 1669 freshmen at fourteen colleges in Massachusetts indicate that drinking is a popular activity among these students:*

- Nearly all freshmen drink alcoholic beverages.
- A third of the men and a quarter of the women drink more than once a week.

*A sizable proportion of the students are heavily involved with alcohol.*

- Half of the men and a fifth of the women usually have five or more drinks in a row on a single occasion.
- Half of the men and a third of the women were drunk at least once in the past month.
- A third of the freshmen drink to get drunk.

*The legal drinking age has some relationship to the nature of drinking among the underage freshmen.*

- Most drinking occurs in private settings: friends' residences, dormitories and fraternities, sororities or clubs.
- However, some drinking occurs in violation of minimum drinking age laws—a quarter of the freshmen drink in bars.

*Students manifest many problems related to drinking.*

- One-third of the freshmen report having hangovers and doing something they regret.
- One out of six report engaging in unplanned sexual activity after drinking.

*In contrast, almost no students viewed themselves as problem drinkers.*

- Only 37 of the 1669 freshmen indicated that they had a drinking problem.
- Only 6% of the men and 2% of the women rated themselves as heavy or problem drinkers.

*Illicit drug use and smoking were less common than drinking among the freshmen.*

- Half of the men and two-fifths of the women had ever used marijuana.
- One out of three freshmen had used marijuana in the past year. Most used it infrequently.

(continued)

- Three percent of the freshmen used cocaine in the past year.
- One of five women and one of eight men were current smokers.

*Compared to usage patterns in 1977 [according to a previous study by Wechsler] at many of the same schools, current heavy use of alcohol remained constant while only half as many freshmen used marijuana or cocaine or smoked cigarettes.*

- During both 1977 and 1990 the same proportion of freshmen were frequent heavy drinkers—31% of the men and 13% of the women.
- The only change in drinking patterns was an increase in the proportion of abstainers (from 3% to 12%) and the virtual disappearance of frequent-light drinkers (from 15% to 1%).
- In contrast, half as many freshmen use marijuana now compared to 1977 (35% versus 64% among men and 28% versus 55% among women).
- Cocaine use is also less widespread than it was in 1977 (4% versus 14% among men and 2% versus 8% among women).
- Smoking is also half as frequent (12% versus 23% among men and 19% versus 33% among women).

*Automobile safety is a major problem among college freshmen.*

- Many drive after one or two drinks (55% of men and 34% of women) and some after five or more drinks (19% of men and 4% of women).
- A third of the freshmen have ridden in a car with a driver who was high or drunk.
- Nearly all students have driven much faster than the speed limit and a third of the men and a sixth of the women have gotten a speeding ticket in the past year. One-sixth of the men have drag raced.
- Half have gone through a stop sign and two in five have gone through a red light.
- Three in 10 men and two in 10 women had an automobile accident in the past year.

*Drinking does not start in college. Heavy drinking patterns begin in high school.*

- Two of five men and one in seven women usually drank five or more drinks in a row when in high school.
- One in three men and one in six women drank alcohol at least once a week in high school.

*Drinking, however, increases in college.*

(continued)

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## WHAT'S YOUR VIEW? (continued)

- Half of the freshmen increased their drinking in college, while only one in six decreased it.

*College drinking is a highly social activity.*

- Most students report that their friends drink.
- Most students think it is appropriate to drink enough to get high or drunk at a party or with friends.
- Most students think it is not appropriate to drink any alcohol—even one or two drinks—alone at home.

*“Binge” drinking is the typical form of college drinking today.*

- Over half of the men and one-third of the women are “binge” drinkers—as measured by having had five drinks in a row on one or more occasions in the past two weeks.
- Ninety percent of men and 80% of women who drink more than once a week are “binge” drinkers (pp. 32–35).

*Although this quotation summarizes a great deal of information about freshman drug use, you should study it closely in order to see if you can detect any major changes in attitudes among college students (the group from whom most of our leaders will be chosen). What's your opinion as to the general picture these data present? Are you alarmed by any of these statistics? Do you see any trends from 1977 to 1990 that might be of concern? If so, what should college officials or groups of college students do?*

*From D. Wechsler and N. Isaacs, “Binge Drinking at Massachusetts Colleges,” in Journal of the American Medical Association, 267 (21):2929-2931, 1991. Copyright © 1991 American Medical Association, Chicago, IL.*

It has become quite common for adolescents to abuse both illegal drugs and alcohol. The combination of alcohol and cocaine is especially likely to occur. This is because alcohol is often used to moderate the “crash” sometimes experienced after the “high” produced by cocaine has passed. Grant and Hartford (1990), reporting on a national survey, found that this pattern of dual use was likely to increase with age. There were fewer dual users among 12- to 17-year-olds than in the 18- to 34-year-old group. Of course, this may be the result of cohort rather than age differences (see Chapter 1). That is, it may be the older group simply has learned practices different from the younger group, and that the age difference is irrelevant.

A study of 627 adolescents by Wirtz and Harrell (1990) showed that abuse of illegal drugs was the most likely of ten problem areas to accompany destructive drinking. Teens



There has been considerable change in the choices drug users are making in recent years. For example, crack cocaine has become much more popular than hallucinogens such as LSD. Unfortunately, the newer drugs are much more likely to be lethal.

---

### *An Applied View:*

#### REASONS FOR USING MARIJUANA

People give many reasons for their use of marijuana, some of which clearly seem to be rationalizations. Would you find it interesting to know why people think they use it? Interview as many marijuana users of different ages as you can, asking them their main reason for using it. Then list below under the appropriate age bracket their reasons for using marijuana.

	15-20	20-25	25 and up
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

in this study were also apt to suffer from poor mental health, unsatisfactory peer relations, poor family relations, and low educational status. Some teens begin using drugs in order to fit in better with their peers, and to feel more socially confident (Tolone & Tieman, 1990).

## Anabolic Steroids

Adolescents' use of **anabolic steroids** to look more muscular and to perform better athletically is also a matter of increasing concern. Most users are male, but some females in competitive sports also use steroids, hoping to increase their strength and endurance. So far, little is known about the long-term effects of using these drugs, which are an artificial form of the male hormone, testosterone (Schwerin & Corcoran, 1990; Yesalis & others, 1989). Yesalis and associates conducted a nationwide survey of high school seniors. They found that 7 percent of the males had used steroids. Thirty-five percent of these users did not play a school sport. At least one-quarter of the steroid users in this study said that they were not willing to stop, regardless of health risks. These researchers suggest that steroid use may follow the pattern of an addiction. Schwerin and Corcoran (1990) offer a model describing how a person may become psychologically addicted to steroid use. The teenage boy who lacks self-confidence may begin to use steroids in an attempt to improve his masculine appearance. The drug-induced physical changes may bring favorable social reactions and at first increase his self-confidence. However, he may then begin to wonder, "Is it me or the steroids?" Not wishing to lose his new status, he continues to take the drug, and may become psychologically dependent on it. In some cases, overzealous coaches have been implicated in this process.

### *An Applied View:*

#### SYMPTOMS OF CHRONIC STEROID ABUSE

Below are lists of the two main types of symptoms of steroid abuse among teenagers, problems of the cardiovascular system and of the reproductive system. Explain this list to a teen who is contemplating taking steroids.

##### **Cardiovascular System**

- Heart disease
- Changes in cholesterol level
- Anaphylactic shock
- Septic shock
- High blood pressure

##### **Reproductive System**

- Genital swelling
- Genital atrophy
- Sexual dysfunction
- Impotence
- Prostate enlargement
- Menstrual irregularities
- Damage to fetus

There are many other less serious symptoms, such as acne, hives, and diarrhea.

## Tobacco

In spite of the well-publicized health risks posed by smoking, large numbers of adolescents continue to smoke cigarettes (see Figure 12.2). Because tobacco products are more easily obtained than any other abusable substance, experimentation with them often begins in preadolescence (Gerber & Newman, 1989; Newcomb & Bentler, 1989). One study of 276 eleventh-graders in a middle-class suburb found that being in a particular social crowd influenced teenage smoking behavior. The highest incidence of smoking was found in the least-respected crowd, the “burnouts.” The major influence on smoking behavior appeared to be encouragement by the adolescent’s best friend, who was also likely to be a member of the same social group (Urberg, 1990).

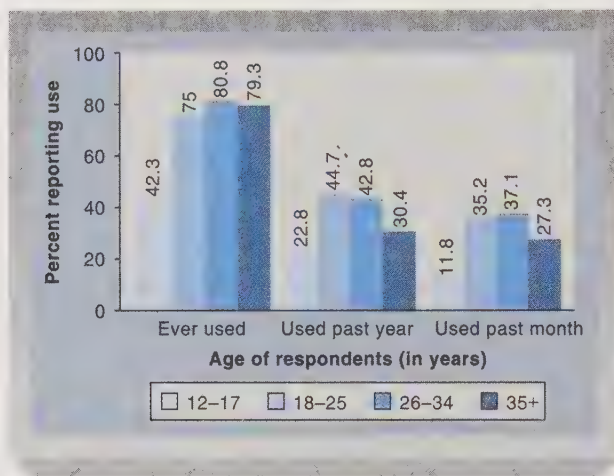


Figure 12.2 Use of Cigarettes in the United States, by Age, 1988.

Source: Office of Technology Assessment, 1991, based on data from U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Drug Abuse, *National Household Survey on Drug Abuse: Main Findings 1988*, DHHS Pub. No. (ADM) 90-1682, Rockville, MD: 1989.

The use of smokeless tobacco products (chewing tobacco, snuff) is rapidly increasing among adolescent and even preadolescent males. A study done in Oklahoma found that 12 percent of third-grade boys surveyed used smokeless tobacco (Newcomb & Bentler, 1989). The dangers to health from this form of tobacco, although not widely known, are extremely serious. In addition to nicotine addiction, users may suffer from high blood pressure, destruction of mouth tissues, and cancer of the mouth. This type of cancer is often fatal (Sussman & others, 1989).

As you can see, the abuse of both legal and illegal drugs among teens is a serious problem in this country. However, people who use drugs do not become abusers overnight. What is the usual sequence of events leading to the problem?



## SEX AND ABUSE

Without question, there has been a sharp increase in both adolescent sexual activity and experimentation with illegal drugs over the past twenty years. Whether one causes the other is not known for certain, but both of these problem behaviors are often found together. Elliott and Morse (1989) state that typically, the young teen will begin by engaging in some delinquent behavior, progress to drug use, and then become sexually active. The frequency of intercourse is much higher for teens who are also involved in drug use. The fact that both sexual activity and use of injected drugs create a grave risk for becoming infected with the HIV virus makes understanding this relationship increasingly important. Rhodes and Jason (1990) note that the trend is for middle-class youth to be less involved with drugs today than was true a few years ago. Unfortunately, drug abuse, dealing, and violence are increasing among the poor and youth of color in the inner cities.

Rosenbaum and Kandel (1990) studied the 2,711 youngest participants in the *National Longitudinal Survey of Young Adults*—those who were 14 or 15 years old when they were first interviewed—to try to determine the nature of the connection between drug use and early sexual activity. The group included African-American, white, and Latino teenagers of both sexes. The researchers found that those who began having sex before the age of 16 were much more likely to have already been using alcohol, tobacco, or illegal drugs than those who waited until they were older.

Other investigators have also found that involvement in sexual behavior at an early age is often at least partially a result of the use of alcohol and other drugs (Brooks-Gunn & Furstenburg, 1989; Flanigan & others, 1990; Rosenbaum & Kandel, 1990).

More specifically, a number of researchers have looked at the relationship between the use of drugs and sexual functioning (Buffum, 1988; Buffum & Moser, 1986; Higgins & Stitzer, 1986; Solow & Solow, 1986; Zabin & others, 1986). The purpose of these studies was to evaluate the claims of many youths that drugs make them more sexually capable and increase their enjoyment of sex. It is alleged that drugs stimulate sexual activity through releasing inhibitions and through direct stimulation of desire.

There has been remarkable accord in the findings: only amphetamines actually enhance sexual performance, and they do so only for a limited time. Marijuana may stimulate sexual desire under some circumstances because it calms the fears some people have of sexuality. Alcohol also has the effect of creating a feeling of freedom from inhibition in small doses, but in moderate and heavy doses, it decreases the ability to function (Steele & Josephs, 1990). Barbiturates and psychedelics, the other two drugs investigated in these studies, appear to have no effect on sex. The studies all conclude that response is mainly dependent on the psychological make-up of the individuals involved and on the setting. Those experienced in the use of drugs with sex say that even when there is a good result, it is short.

Another interesting finding of several of the studies was that those who use drugs regularly are more sexually active than those who do not. Several decades ago, Goode (1972) discovered that drug users are not only sexually more active, but they start their



Some youth erroneously believe that the use of drugs or alcohol will heighten their sexual performance and enjoyment.

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sexual activity at an earlier age and with a more diverse selection of partners. Again, the studies seem to agree that the major reason that drugs are helpful in the sex act is because the drug users *think* they are going to be. It may also be that high risk takers are more likely to indulge in both sex *and* drugs. Many studies have shown that both risk taking and poor impulse control are closely related to sexual activity (Rosenbaum & Kandel, 1990).

Of particular concern is the finding that those most likely to combine drug use (including alcohol) with sex are also those who are most likely to engage in unprotected sex (Buffum, 1988). They are also most likely to engage in activities that involve the highest risk of getting AIDS (see Chapter 9). Table 12.2 offers some essential information on the most-used controlled substances.

## ETHNIC GROUP AND ABUSE

Although there is not a great deal known about the comparative abuse of substances by ethnic groups, one study looked at the number of arrests for drug use per 10,000 members of an ethnic group. Seven groups were considered (Asian-American Drug Abuse Program, 1978). The researcher found that African-American, Mexican-American, and Native American arrests outnumbered white arrests by three to two. Arrests for Japanese- and Chinese-Americans were negligible. Of course, these data may reflect biases of the legal system rather than actual use.

More recently, the *National Longitudinal Survey of Young Adults* mentioned previously (Rosenbaum & Kandel, 1990) also noted ethnic differences in the prevalence of drug use and early sexual activity in teens younger than 16. Marijuana was the only widely-used illegal drug among African-Americans of both sexes. White and Latino participants, male and female, were more likely to have used a wider variety of illegal drugs and alcohol.

Table 12.2

# CONTROLLED SUBSTANCES: USES AND EFFECTS

Drugs	Usual Methods of Administration	Possible Effects	Effects of Overdose	Withdrawal Syndrome
<i>Narcotics</i>				
Opium	Oral, smoked	Euphoria,	Slow and	Watery eyes,
Morphine	Oral, injected, smoked	drowsiness, respiratory	shallow breathing,	runny nose, yawning, loss
Codeine	Oral, injected	depression,	clammy skin,	of appetite,
Heroin	Injected, sniffed, smoked	constricted pupils, nausea	convulsions, coma, possible death	irritability, tremors, panic, chills and sweating, cramps, nausea
Hydromorphone	Oral, injected			
Meperidine (pethidine)	Oral, injected			
Methadone	Oral, injected			
Other narcotics	Oral, injected			
<i>Depressants</i>				
Chloral Hydrate	Oral	Slurred speech,	Shallow	Anxiety,
Barbiturates	Oral, injected	disorientation,	respiration, cold	insomnia,
Glutethimide	Oral, injected	drunken	and clammy	tremors,
Methaqualone	Oral, injected	behavior without	skin, dilated	delirium,
Benzodiazepines	Oral, injected	odor of alcohol	pupils, weak	convulsions,
Other depressants	Oral, injected		and rapid pulse, coma, possible death	possible death
<i>Stimulants</i>				
Cocaine	Sniffed, injected, smoked	Increased alertness, excitation,	Agitation, increase in body	Apathy, long periods of sleep,
Amphetamines	Oral, injected	euphoria,	temperature,	irritability,
Phenmetrazine	Oral, injected	increased pulse	hallucinations,	depression,
Methylphenidate	Oral, injected	rate and blood	convulsions,	disorientation
Other stimulants	Oral	pressure, insomnia, loss of appetite	possible death	

(continued)

TABLE 12.2 CONTINUED

Drugs	Usual Methods of Administration	Possible Effects	Effects of Overdose	Withdrawal Syndrome
<i>Hallucinogens</i>				
LSD	Oral	Illusions and	Longer, more	Withdrawal
Mescaline and peyote	Oral, injected	hallucinations, poor perception of time and distance	intense "trip" episodes, psychosis, possible death	syndrome not reported
Amphetamine variants	Oral, injected			
Phencyclidine	Smoked, oral,			
Phencyclidine analogs	Injected			
Other hallucinogens	Oral, injected, smoked, sniffed			
<i>Cannabis</i>				
Marijuana	Smoked, oral	Euphoria, relaxed inhibitions, increased appetite, disoriented behavior	Fatigue, paranoia, possible psychosis	Insomnia, hyperactivity, and decreased appetite occasionally reported
Tetrahydro- cannabinol				
Hashish				
Hashish oil				

Source: Drug Enforcement Administration, *Drug Enforcement Fall 1982*. Washington, DC: U.S. Department of Justice.

Maton and Zimmerman (1990) found that the use of alcohol, marijuana, and hard drugs among urban African-American male adolescents was influenced by several situations. If the adolescent was not enrolled in school and had no meaningful work, use or abuse of both alcohol and illegal drugs was more likely. Those who had no religious beliefs and did not attend a church were also in more danger of becoming drug abusers. Adolescents who felt that their families and friends respected and cared for them were less likely to be drug users. These research findings are very similar to those in previous studies of white middle-class adolescents. Rosenbaum and Kandel (1990) also found that high educational goals, being religious, and having a strong family life reduced the risk of substance abuse.



## NO TO DRUGS, YES TO HELPING OTHERS

In spite of their difficult environment, many inner-city teenagers find ways not only to avoid drug use and the drug culture, but to actively help others. In a recent article in *The Boston Globe*, several of these high school students who were honored at a special dinner for their exceptional contributions as volunteers to neighborhood agencies were described. Some suburban teens also received honors for giving their time to assist at inner-city agencies. Among the organizations served were planning action committees, an Indian Council, a community comprehensive health center, and a neighborhood community center.

This year, the highest award for volunteer service was given to Julio Martinez, the son of a shoemaker. In the summer of 1991, Julio worked as a volunteer every day at the Tobin Community Center on Boston's Mission Hill. He gave so much time at the center that one of the directors thought he was a salaried employee. Here is an excerpt from his interview with the reporter:

Asked why he volunteers, Julio shrugs.

"My mother encouraged me."

"Lots of mothers encourage sons who don't volunteer."

He shrugs again.

"I just don't like hanging around. I like doing stuff. Some kids do a lot of bad stuff, but I'm not into that."

On troubled streets, he manages to avoid trouble.

"It's not hard. If you put your heart in it, if you say you're not going to do it. I don't do drugs, and I've been offered lots of 'em. But that don't make you a man or nothing. A lot of kids who get into trouble say friends put them up to it, but nobody can make you do anything you don't want to do. That's what I say."

What convinced Julio that the dinner was a major event was the price of a ticket, \$35.

"Then they told me there are some special people—I don't know who—that will pay \$100 a ticket, and I'm like. . . ." He rolled his eyes to the ceiling.

"I did do a lot of work, it's true, but there's a lot of other people who did a lot of work, too, and maybe they deserve it more, and so, like, I'm saying, you know, why me?" (p. 54).

Estrada and others (1982) reported on the use of alcohol and drugs by a group of 107 Latino seventh- and eighth-grade junior high school students (age 12 to 16) in Los Angeles. Findings suggest that for these teens, the strongest link is between the use of alcohol and marijuana.

Dembo (1981) studied what caused the drug involvement of 1,101 African-American and Puerto Rican seventh-graders. He looked at five factors: their home composition, relationships with parents, attitudes toward school, machismo values, and/or identification with drug-involved peers. Data showed that identification with drug-involved peers probably provides the most likely prediction of drug use for these youths.

## CRIME AND ABUSE

Research into the relationship between substance abuse and crime (and other undesirable behaviors) was carried out by Santana (1979). This study looked at 19 types of undesirable behavior, and compared their occurrence among drug abusers to their occurrence among nonusers. The disturbing finding of this study was that, for 18 of the types, users were much more likely to commit undesirable behaviors than nonusers. Even for the single exception, for arson, the behavior was evenly divided. This does not prove that drug use causes crime, but does indicate a strong relationship between the two.

One recent study of the relationship between drug use and both minor and violent delinquency in three different ethnic groups of adolescent males was carried out by Watts and Wright (1990). These researchers found that frequent use of illegal drugs was the best predictor of violent delinquency among all the groups in the study. It is important to note, however, that although it is commonly thought that drug users, especially those who use hard drugs, are regularly involved in criminal activities, FBI statistics (Federal Bureau of Investigation, 1993) indicate that the drug most associated with crime is alcohol. In 40 percent of assaults and 35 percent of rapes, those convicted were “under the influence.”

## PERSONAL RELATIONSHIPS AND ABUSE

There has long been a debate about whether adolescent drug use is related more to family life than to friends' behavior (Oetting & Beauvais, 1987). Most studies have indicated that the typical drug user does have problems with his or her parents. Tudor and others (1980) found that drug users had conflicts with their parents in the following areas:

- They wanted to be allowed to make their own decisions without advice from their parents.
- They did not believe that they should be limited to only those friends their parents endorse.
- They were less likely to desire affection from their parents, and did not feel close to them.
- They did not wish to imitate their parents.

## TALKING TO TEENAGERS ABOUT DRINKING

The U.S. Department of Transportation (1976) has made a number of suggestions for talking to teenagers about their drinking behavior:

- Honestly explore your own drinking behavior before you talk with teenagers.
- Be honest in expressing your feelings and in stating your own values and preferences. Encourage the same from them.
- Be calm, firm, and consistent.
- Remember that you're sharing ideas and information about drinking.
- Don't put teenagers on the witness stand or demand a confession.
- Recognize that adolescents are not always able to control the situation they find themselves in.
- Tell teenagers you want to hear what they have to say and to learn what they know about drinking and driving.
- Be a good listener, even when you may not agree.
- Keep to the point. No matter where the discussion leads, and no matter what kind of reaction you may get or may feel, keep forcefully in mind that this discussion concerns only the problem of drinking.

One final point about working with teenagers: professionals caution *against* using street slang. It changes too often, and its use does not build rapport with teens.

One other series of studies (Huba & others, 1979, 1980a, 1980b, 1980c) found that although relationships with parents do affect substance abuse in early adolescence, as students enter high school the parental effect drops off.

A 1991 study compared the psychological well-being and substance use of 48 adolescents (24 males and 24 females) whose parents had divorced during a five-year period with 578 adolescents whose parents were still married. The researchers found that boys in disrupted families were especially likely to have problems with increased substance use, particularly after the divorce. In contrast, girls were most upset during the troubled time preceding the actual end of their parents' marriage, and were much less involved with drugs (Doherty & Needles, 1991).

The importance of family unity and authoritative parenting as a safeguard against drug abuse is emphasized by Baumrind (1991). Authoritative parents (see Chapter 7) were most successful in protecting their adolescents from problem drug use and helping them to feel competent. The participants in her study were from a university community,

and none used highly addictive drugs. Many of the adolescents experimented with alcohol or marijuana, but this did not lead to later addiction. A similar result was also obtained by Shedler and Block (1990).

Searight and associates (1990) found that the 40 drug-abusing adolescents in their study scored poorly both in autonomy and intimacy within the family. The 446 Anglo and Latino youth studied over a five-year period by Coombs and associates (1991) showed a similar pattern. Although both users and nonusers in this group valued the opinions of their peers, emotional closeness with their parents appears to protect them from drug abuse. Piercy and associates (1991) looked at the families of 151 adolescents who were in outpatient treatment for drug use and had experienced other various delinquent behaviors, such as running away. They were surprised to find that aspects of the adolescent's family structure, for example, the number of children and whether the parents were married or divorced, did not seem to be related to the teen's pattern of drug abuse. However, the *quality of relationships* within the family was found to be important in identifying amount and type of drug use. A milder pattern of drug use was most related to family closeness.

## COMBATING SUBSTANCE ABUSE

### Prediction

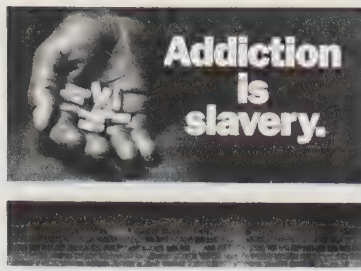
The first step toward reducing the effects of drugs and alcohol on our youth must be improving our ability to determine, in the early stages, who is at risk. There is good news on this front. A recent study (Christiansen & others, 1989) found that a number of factors could predict drinking behavior of seventh- and eighth-graders one year later. These factors include attitudes toward drinking, parental ethnic background, religious affiliation, parents' occupations, and parental drinking attitudes.

Teens who look forward to drinking are likely to have a future problem with drinking (Miller & Smith, 1990; Christiansen & others, 1989). Miller and Smith (1990) identified two types of risk factors. The first type involved a person's social anxiety and the tendency to act on impulse. The other risk factor was the person's expectation of the results of alcohol's use. A combination of personal traits, genetic inheritance, and alcohol use history determines the risk of becoming a problem drinker. For example, if a young teenager who was often uncomfortable in social situations had parents who used alcohol regularly, then he or she would be much more likely to begin drinking than a peer who did not have these influences.

### Treatment

The effectiveness of treating those identified as having a problem is another story. It is estimated that as many as 15 percent of all American teens need treatment for compulsive drug and/or alcohol use (Falco, 1988). Unfortunately, there is very little research on treatment programs, and those that do exist, such as the Washington, DC-based Straight Program, are expensive and hard to gain admittance to. There is even less known about





Anti-drug media campaigns have encouraged drug addicts to seek help through drug rehabilitation programs. A number of these programs, such as the Straight Program, have a high success rate in rehabilitating these addicts.

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educational and prevention programs designed to reduce the *demand* for drugs, which drug abuse researchers now believe to be the best approach to this problem. Some work involving the families of substance-abusing youth show some promise, but many youths needing treatment will never be in a position to take advantage of this kind of program (Lewis & others, 1990). One of the problems in getting those who need it into treatment is that it is quite difficult to reach those youths who have left school and are at even higher risk for substance abuse. In many of our larger cities, nearly half of all teens fall into this category. (Falco, 1988).

When it comes to treatment, Narcotics Anonymous and Alcoholics Anonymous are excellent treatment modes for the teen who is already addicted. Many AA groups conduct special meetings for beginners and for young people. Attendance at these meetings is free, although a collection basket is passed for those who wish to make a voluntary contribution. In metropolitan areas, there is usually at least one meeting every day that is within a reasonable distance.

## Prevention

Probably the best way to deal with a problem is to keep it from happening. The best way to keep drug and alcohol abuse from happening is to teach children and teenagers about the dangers involved. Many programs to educate youngsters about drug and alcohol abuse have been tried, but few have been successful (Newcomb & Bentler, 1989).

Mitic (1990) found that of the 1,128 students from grades 7 through 12 he surveyed, those whose parents were attempting to teach them responsible drinking habits by introducing small amounts of alcohol taken with meals at home drank little in the presence of their parents. Unfortunately, this group drank as much when with peers as those whose parents gave them no guidelines on alcohol use.

Wodarski (1990) makes several suggestions for possible prevention programs. Noting that teens do not learn what their parents *tell* them about drinking, but rather what they observe their parents *doing* about drinking, modelling appropriate behavior is

essential. Adolescents not only need models of responsible drinking, but also adequate coping skills to be able to resist pressure to join in substance abuse. Courses such as Parent Effectiveness Training and the five-week Family Prevention Strategy include sessions on basic knowledge of alcohol and other drugs, good communications within the family, and problem-solving techniques. Awareness of how the media glamorizes the use of alcohol, and discussion within the family, may also help the teenager to make responsible decisions about drinking. Wodarski concludes:

*The solution to the problem of substance abuse requires an all-out effort by societal forces that are capable of affecting change. Families, schools, peers, communities, businesses, and the media all have power to eradicate this social problem. Combined, cooperative efforts are essential.” (p. 684)*

Although better information about drugs may lessen their abuse, it is essential that society promote desirable alternatives to the use of drugs. Dr. Sidney Cohen (1977) describes three types of substitutes for drug use: (1) those that provide a deep feeling of relationship to another person or to humanity; (2) those that contribute to self-knowledge or self-reliance; and (3) those that offer a satisfying experience, either physical, mental, or emotional.

Cohen has suggested ten varieties of alternative experience that meet one or more of these criteria:

- *Physical awareness.* The pleasure of a healthy body in motion through such activities as walking, jogging, dancing, gymnastics, and group sports can promote extremely positive feelings. These activities, as well as physical relaxation exercises, can be effective in overcoming the chronic tension that causes so many people to use drugs, either legally or illegally.
- *Sensory awareness.* Many adolescents use drugs because they heighten their sense of awareness of their surroundings. This enjoyable sensation can be experienced by placing oneself in unfamiliar surroundings (in the out-of-doors, for example) and consciously cultivating one's sensory perceptions.
- *Psychological awareness.* The exploration of “inner space” through reading, self-observation, meditation, therapy, or a self-help group can lead one to a better understanding of oneself and to an improvement of the negative self-image that is often behind drug abuse. Psychological awareness can “change aggression into assertiveness” and “impulsiveness into spontaneity” (p. 1562).
- *Interpersonal awareness.* Just as self-awareness can eliminate the need for drugs, so can a greater understanding of one's family and friends. As one becomes more self-understanding, honesty and openness with others becomes easier to achieve. Sensitivity training and confrontation sessions can be useful in promoting this awareness.
- *Rites of passage.* A common cause of drug use is the need, especially among teenaged males, to prove one's daring and bravery. If alternatives such as mountain climbing and Outward Bound programs ( see Chapter 14) are provided as rites of passage, the need for drug use is diminished.

- *Work as fun.* Competence in such skills as repairing the technological products of today's world can give one a sense of usefulness. Noncompetitive work can also be relaxing. Another type of work that can benefit the ex-heroin addict or alcoholic is helping other addicts.
- *Aesthetic appreciation.* Developing appreciation for music, art, and literature can be rewarding not only in itself, but it also can lead to an expansion of creativity of a much more substantial nature than that offered by drugs.
- *Learning.* Although intellectual learning is not high on the list of most teenagers as a leisure-time activity, it can be an exciting pursuit for some. The study of religion, philosophy, or psychology, can help illuminate some of the soul-searching questions for which answers are sometimes sought in drug use.
- *Nonrational experience.* The popularity of mystical Christianity, Zen, yoga, and mind control among teenagers is clear evidence of their need for the fulfillment offered by nonrational experience. The mystical and spiritual exercises available through these activities can supplant chemical insights. Technological advances such as biofeedback can also be used to train one for greater relaxation and creative effectiveness.
- *Social and political activism.* It is possible that social activism and increased participation in the political life of the country could direct many away from experiences with drugs.

As Dr. Cohen points out, all of these activities involve active individual participation. While they can help rehabilitate a drug abuser, they are primarily useful in preventing drug abuse in the first place.

No prevention program is likely to be effective if the climate in the school is conducive to drug abuse. Tessler (1980) argues that to find out what the climate is in any particular school, it is necessary to administer a survey such as the one in the box. The *School Climate Survey* is easy to administer to students, teachers, and administrators alike. It only takes a few minutes to complete. She claims that:

*The results will help everyone get in touch with some of the silent agents responsible for a poor school environment which would make the success of any effective drug education impossible. (p. 114)*

You may wish to answer the questions in the following box for your high school. That would be a good way to remind yourself of the factors that can lead to serious substance abuse. You may also want to send a copy to the high school's principal.

Questions 1 to 4 relate to situations that can cause antisocial behavior. School and police records can also give information as to whether this kind of problem exists in the school. Questions 5 to 9 concern school services and special programs. Responses here can indicate a lack of school unity.

Questions 10 to 12 reveal how members of the school community feel the school fits into the life of the larger community it serves. It also indicates whether or not neighborhood resources are used for the benefit of those attending the school. Questions 13 and 14 deal with whether or not the three main segments of the community—students, faculty,

## THE SCHOOL CLIMATE SURVEY

Does your school:

1. Have racial or ethnic problems? Yes ☐ No ☐
2. Have a high truancy rate? Yes ☐ No ☐
3. Have cases of vandalism? Violence? Serious fights? Gangs? Drug problem?  
Yes ☐ No ☐
4. Have many cases of student arrests? Yes ☐ No ☐  
(If you don't know the answer to all the above, local law enforcement agencies may be able to give you some information.)
5. Plan events which encourage school unity? Yes ☐ No ☐
6. Have good recreational and extracurricular activities which are well supported by the student body and staff? Yes ☐ No ☐
7. Provide good counseling and health services? Yes ☐ No ☐
8. Give everyone the opportunity to respect their own heritage and those of others?  
Yes ☐ No ☐
9. Involve parents in important school decisions and events?  
Yes ☐ No ☐
10. Seek a constructive bond with the community through work with urban or neighborhood improvement projects, law enforcement, the handicapped, the elderly, etc.? Yes ☐ No ☐
11. Use community agencies or the expertise of residents to help with school programs?  
Yes ☐ No ☐
12. Direct students and parents to community resources which will improve their lives?  
Yes ☐ No ☐
13. Provide students with real leadership opportunities (not simply token positions)?  
Yes ☐ No ☐
14. Have an "emotional climate" in which students, faculty, and administrators feel free to express their thoughts and feelings?  
Yes ☐ No ☐
15. Encourage students to be creative and curious? Yes ☐ No ☐
16. Help students explore and appreciate their own special talents? Yes ☐ No ☐
17. Allow students to clarify values? Yes ☐ No ☐
18. Help students to effectively deal with inner and outer conflicts?  
Yes ☐ No ☐
19. Provide problem-solving and decision-making experiences for students?  
Yes ☐ No ☐
20. Help students develop goals for the future? Yes ☐ No ☐

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and administrators—are able to communicate effectively with each other. Questions 15 to 20 give an indication of whether or not there are opportunities for students to develop self-respect and self-awareness.

Response to each of the questions should be tabulated both in terms of total responses and in terms of the students, faculty, and administrators. If these data indicate a problem in one of the five areas—antisocial responses, services and programs, community relations, communications and affective areas—then committees should be established to improve the situation in the problem area. Tessler says that her experience with this approach indicates that such changes can go a long way in making the abuse of substances less desirable to students.

## CONCLUSIONS

Drugs and alcohol are “equal opportunity destroyers.” They attack the wealthy and the poor, black and white, male and female, old and young. No one is immune. Under the most ideal conditions, adolescents today still have to deal with a myriad number of stressors, from clashes between peer and family expectations, school demands, changing bodies, and a bombardment from the media as to what is the “right” way to be. Add to these the additional, and all-too-common realities of unstable home situations—pressures to be prematurely sexual within the context of the AIDS reality, poor self-esteem, pressures to be prematurely adult—and we have adolescents at risk for substance abuse.

There is a false image associated with drug use that pictures the typical drug abuser as an urban youth of color. The high-media profile of the urban drug dealer, a youth drawn into crime for the incentive of the large money associated with dealing, is true to a degree, but has been largely exaggerated. In fact, some studies show that a higher percentage of white adolescents abuse substances.

Vast amounts of national dollars have been spent in an attempt to stem the tide of drug use in the United States. Much more is known today about the nature and effect of drugs and alcohol than was previously known. Drug education programs now exist in virtually every school system in the United States. The war against drugs has escalated right alongside the escalation in drug use itself.

Research has given us valuable information on all levels and about all factors related to alcohol and drug use: AIDS, crack, nicotine, steroids, cocaine, sexual behavior, economics of drug dealing, development of physiological and psychological dependence, the role of family, peers, and self-concept. There is not a corner which has not been scrutinized in an attempt to understand the nature of this particular beast.

Clearly, however, since drug and alcohol abuse stubbornly persists, the answer does not lie in the simple dispensation of factual information about substance abuse. More effort is being directed toward programs that focus on what motivates drug use. Some such programs look at the psychological needs which seem to be superficially met via drug use, and explore ways to meet these needs in healthier ways.

Many of the same kinds of problems exist for scientific research on youthful criminal behavior, which is also a paramount problem for today's society. In the next chapter, we attempt to enlighten you on this sad, yet illuminating, side of life.

## CHAPTER HIGHLIGHTS

### Some Definitions

- It is important to understand basic terminology related to substance abuse: drug abuse; drug addiction; drug dependence; drug tolerance; abuse of inhalants; drug overdose; victimless crime; controlled drugs; possession, dealing, and trafficking.

### Prevalence of Use

- Drug and alcohol abuse is still prevalent, although some important changes have been noted; for example, tobacco use is on the rise among teenagers, while marijuana use is on the decline.

### Sex and Abuse

- The common conception that drug and/or alcohol use enhances sexual enjoyment may be true in small doses (only if the user *believes* that it is).
- Generally, it is found that drugs actually suppress sexual performance.

### Ethnic Groups and Abuse

- Drug arrests of youths of color outnumber white arrests, but may be more related to legal system bias than actual drug use.
- Identification with drug-involved peers provides the most likely prediction of drug use for minority youth.

### Crime and Abuse

- Not surprisingly, drug use and crime are highly correlated.
- Use of drugs is an effective predictor of violent delinquency.

### Personal Relations and Abuse

- Adolescents who live in unhappy family environments are more susceptible to substance abuse.
- The quality of relationship with parents seems to be a more important factor in patterns of drug use than family structure (divorce, etc).

### Combating Drug Abuse

- Some factors that can be predictive of drinking behavior are attitudes toward drinking, parental ethnic background, lack of religious affiliation, parents' occupations and parental drinking attitudes, looking forward to drinking, and expectations of the results of alcohol use.
- There is little research on treatment programs, and even less is known about programs designed to reduce the demand for drugs.
- One effective way which has been proposed for combating drug use is to identify healthy activities that meet the same psychological needs teens perceive are being met through drug and alcohol use.

## KEY TERMS

Abuse of inhalants 388  
Anabolic steroids 397  
Controlled drugs 389  
Dealing 389

Drug abuse 387  
Drug addiction 387  
Drug dependence 388  
Drug overdose 388

Drug tolerance 388  
Possession 389  
Trafficking 389  
Victimless crime 388

## WHAT DO YOU THINK?

1. Suppose you had a friend who had a drug abuse problem and that person was unwilling or unable to admit it. What would you do to help her or him?
2. How would you know if you were developing a serious addiction? What would you do about it if you did know?
3. What are some things that school authorities could do to combat substance abuse?
4. What are some things that the business community could do to combat substance abuse?
5. If you know someone who has become seriously addicted, could you discern clear-cut stages that person went through in the course of becoming addicted?

## SUGGESTED READINGS

- Abel, E.L. (1981). *Marijuana: The first twelve thousand years*. New York: Plenum. Gives an excellent description of marijuana use throughout history.
- Cohen, S., & Cohen, D. (1986). *A six-pack and a fake I.D.: Teens look at the drinking question*. New York: M. Evans. According to the authors of this book, the decision to drink or not to drink is personal rather than moral. They recognize the tragedy that alcohol can bring into people's lives, but they still "do not see moderate drinking as a problem; indeed, it is often a positive pleasure." They do, however, feel that before coming to conclusions about the use of alcohol, you should have reliable and believable information to help you make the best and most informed decision.
- Harris, J. (1987). *Drugged athletes: The crisis in American sports*. New York: Four Winds Press. Athletes take drugs to increase speed, strength, and accuracy; to mask pain; to relax muscles; to relieve stress; to improve performance; and to gain pleasure. Harris provides an overview and discusses specific problems of drugs in sports at all levels.
- Kennedy, W. (1983). *Ironweed*. New York: Penguin. Although about adult alcoholics, this book offers an engrossing look at the problem that applies to all ages.

As early as the early 1960s, Leonard Bernstein's *West Side Story* signaled society's concern that glib sociological excuses would only worsen the handling of behavior disorders. Public opinion and public institutions are turning back to a punishment model. The pendulum has swung away from the idealization of Rousseau's "noble savage," who would be good only if society did not overcontrol and frustrate him, toward today's bleak cynicism of the essential untreatability of the *Lord of the Flies*.

*John Meeks and Allen Cahill, 1988*

## DELINQUENT BEHAVIOR

### The Nonaggressive Offender

*The Runaway*

*Causes of Running Away*

*Stress, Coping, and Running Away*

*Consequences of Running Away*

*Treatment Approaches*

*Prevention*

### The Juvenile Delinquent

*The Family and Delinquency*

*Learning and Delinquency*

*Multisystem Problem Solving*

### The Aggressive Gang

*Ethnicity and Social Class*

*Development of Gang Involvement*

*Attempts to Eliminate Gang Behavior*

Conclusions

Chapter Highlights

Key Terms

What Do You Think?

Suggested Reading



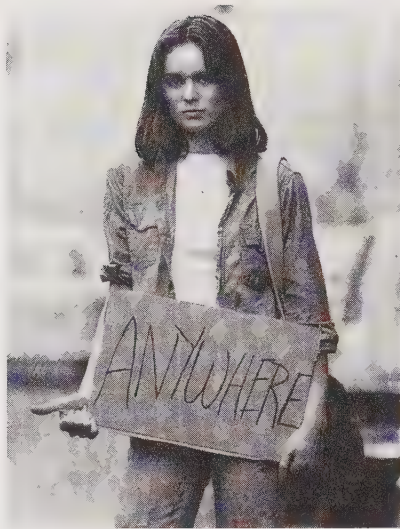
**Y**ou have probably been a juvenile delinquent. Juvenile delinquency is defined as “any illegal act by a minor.” Does this apply to you? Well, it does to your authors, both of whom can remember having committed some petty crime in their youth. Between 90 and 100 percent of high school students admit to having committed some illegal act, such as dime store theft, using a fake ID, or having taken an alcoholic drink while under age. For most teens, delinquency is no problem. Less than 20 percent of all crime in the U.S. is committed by teens (Federal Bureau of Investigation, 1992). Nevertheless, the problem is serious enough for us to review here.

Although juvenile delinquency has usually been differentiated from adult crime only in terms of age (usually 18), in this chapter adolescent delinquent behavior is distinguished according to three groups: **nonaggressive offenders**, that is, persons who commit crimes that are mainly harmful to themselves, (runaways, prostitutes); the **juvenile delinquent** acting alone, who usually commits theft or destruction to property; and the **aggressive gang**, which engages in a variety of illegal group activities.

Delinquency is a complex issue, reflecting the complexity of problems in 1990s America including, but not limited to, increased drug traffic, a sagging economy, rising unemployment, and an increasing number of homeless individuals and families. It is our hope to better understand the dynamics of delinquency so that the problems of delinquent youth may be better addressed and, ultimately, prevented.

When you have finished studying this chapter you should be able to:

- Distinguish between the three major forms of delinquent behavior.
- Identify at least three common causes associated with running away, as well as understand why knowing these reasons is useful.
- Describe at least two strategies being used to help runaways.
- Explain the connection between running away and prostitution, and describe the reality of life for a teenage female or male prostitute.
- Extract relevant information from a table (see Table 13.1) about the demographics related to delinquent behavior, and interpret the meaning of such information.
- Describe the connection between school performance (including learning disabilities) and delinquent behavior.
- State the relationship and relative importance of the connection between drug use, mental health problems, and delinquent behavior.
- List and describe at least three reasons why youth join gangs.
- Create a profile portrait, including personality characteristics, of the “typical” aggressive gang joiner.
- Explain at least one rehabilitative technique being employed with gang members, and comment on its effectiveness.



Many parents mistakenly do not report their children as runaways as they expect they will return in a few days.

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## THE NONAGGRESSIVE OFFENDER

Persons in this category are lawbreakers, technically, but they usually do not inflict physical harm to another person's body or property. Females constitute the majority of teenagers in this category, although the number of males is growing. About 25 percent of juvenile court cases are of this type (Haskell & Yablonsky, 1982).

### The Runaway

According to the Department of Health, Education, and Welfare, the number of children leaving home without permission of their parents has been increasing in recent years. They estimate that one out of ten 12- to 17-year-olds has run away from home at least once. Any youth between the ages of 10 and 17 who has left home overnight without parental permission can be defined as a runaway. Many parents do not report their children as runaways because they expect they will return in a few days. The amount of time youth remain away from home, the situations they are seeking to escape from or are running to, and the consequences of their runaway efforts are varied.

The number of female runaways is considered to be slightly higher than male runaways, although this may only reflect the number of runaways who are arrested. Because teenage female runaways are more visible on the streets, they are more likely to be arrested than males and thus counted as runaways (Burgess, 1986). The numbers of adolescent males and females served in runaway shelters are about equal (Rotheram-Borus & others, 1991).

Since the passage of the Runaway, Homeless and Youth Act of 1974, running away has not been considered a crime. Today, running away is viewed less often as the act of a disturbed delinquent or pleasure-seeking teen. Running away is being increasingly understood by mental health professionals as adolescents' efforts to cope with extreme levels of family disorganization, conflict, and abuse.

## Causes of Running Away

Why do children run away from home? When asked why they ran away, runaways most frequently named an unhappy life, verbal abuse, and physical abuse (Burgess, 1986). Almost 70 percent of the runaways interviewed have low achievement and little, if any, involvement with school. Clashes with family members and the commission of petty crimes are considered to be other major causes. While research findings on runaways point to parent-child conflict and school difficulties as primary causes for running away, Jones (1988) carefully analyzed the existing research and found that the reasons for running away are often complex. According to Jones, a variety of family and individual factors are important in understanding runaways.

### *Family Factors*

Adolescents who run away are frequently "running from" a troubled family environment. These adolescents leave home voluntarily, because they choose to get away from the problems at home. According to White (1989), almost 75 percent of runaways leave an unhappy situation with the hope they will find acceptance and happiness elsewhere. Jones identified a variety of family situations which teens may seek to flee. Sometimes runaway adolescents are trying to escape family problems such as an alcoholic parent, incest, or parental violence. Conflict between parent and adolescent over such issues as curfews, dating partners, dress, school grades, and church attendance can also lead to running away. The adolescent generally views the parent as uncaring, not understanding, and too strict, and the parent views the adolescent as disobedient. Improving communication between parents and the teen is critical in this type of family. A family crisis, such as divorce, separation, or financial loss can also trigger running away. Other teens run away as "a cry for help" in order to call attention to themselves or their families so that help will be offered. Finally, some teens run away because they are keeping a secret from their parents, such as pregnancy, school failure or homosexuality, and are afraid of their parents' reaction.

A second group of adolescents also have troubled family environments but leave home because they have been abandoned, neglected, or abused by their parents. Adolescents in this group feel rejected by their parents and parents often do not oppose their child's leaving. This group of runaways is commonly referred to as **pushouts, castaways** and **throwaways**. Some estimates suggest that only 5 to 10 percent of runaways fit this category, while other research indicates that 40 to 50 percent of youth classified as runaways are actually pushouts, castaways or throwaways (Langway, 1982; Adams & Gullotta, 1983). This disparity (5 to 50%) is probably caused by the difficulty in proving exactly *why* a teen has run away from home.

Financial difficulties can sometimes cause parents to push out adolescents, especially when there are still younger children in the home who need financial support. Some adolescents are also pushed out when parents feel that there is nothing they can do to control their teen's behavior. When repeated attempts to control drug abuse and sexual promiscuity have not worked, some parents feel desperate and believe the best thing is for the teen to leave home. These parents clearly need help in developing more effective ways to control their teen's behavior.

Another group of runaways are referred to as **system kids** (Rotheram-Borus & others, 1991). These are adolescents who were removed from their parents' homes by social welfare agencies because of parental neglect or abuse. After being placed in foster care or a group home, these adolescents decide to run.

One note of caution: the data in this section may suggest that parents are always to blame for runaways. In fairness, it must be stated that although some parents do their best, their child still runs away, for reasons that are not always clear.

According to Robertson (1989), half of runaway youth come from foster homes, group homes and delinquent detention facilities. Accompanying the recent increase in the number of homeless adults in this country are an increasing number of homeless teens. A growing number of adolescents are entering shelters for runaways because their parents are homeless and unable to care for them (Rotheram-Borus & others, 1991).

Miller and associates (1990) used a case study approach and a survey of nine adolescent runaways to explore several levels of severity. They found three levels:

- *First degree runners*—generally run *from* something as a solution to their problems.
- *Second degree runners*—run both *from* and *to* something and see it as both a solution and a problem.
- *Third degree runners*—run *to* a street culture life-style which they believe will prove to be a solution to their problems.

Running is an impulsive reaction for the first two groups and is planned by the latter group. They also note that youths run away from home because of family conflicts and from residential care because of peer influences. They believe running becomes more severe when youth are removed from their families; thus, residential treatment should not be prescribed when running away is the problem.

Simons and Whitbeck (1991) state that one of the primary reasons that adolescents leave home is to escape *from* parental abuse, primarily physical abuse for boys and sexual abuse for girls. Once on the street, runaways tend to engage in deviant behavior such as prostitution to support themselves. They investigated whether early sexual abuse has an indirect or direct effect on prostitution with a sample of 40 primarily chronic (60%) adolescent runaways and 95 homeless women who also had been chronic runaways in their youth (42%). Over 40 percent of the runaways and about a quarter of the homeless women reported being sexually abused. Over a third of the runaways gave sexual abuse as their reason for leaving home.

An understanding of the reasons for running away helps to predict the likelihood that an adolescent will return home and the adolescent's response to treatment. When



feelings of caring and concern continue to exist among family members, the adolescent is more likely to want to return home and will be more motivated to work out problems in therapy. Teens who runaway because of a crisis generally do not stay away for long and often respond well to short-term treatment. When family problems are not resolved, a cycle of running away is more likely to develop.

Those who runaway repeatedly are more likely to stay away longer, to have more difficulties in school, to be in trouble with the law, and to come from the most troubled families. When on the street, runaways sometimes hope that life has improved at home or they may forget how unhappy they were while at home. Some runaways even feel guilty, believing they may have been responsible for conflict and abuse at home and decide to return home. If they return to an abusive family situation, they are likely to leave again (Burgess, 1986).

Adolescents who feel abandoned by their families are the least likely to return home. Generally, by the time they run away, pushout children have experienced many years of failure at home and at school and the chance that they will be able to adequately resolve family conflicts is low. They feel they have no home to return to and are likely to stay on the streets for long periods of time.

### *Individual Factors*

Jones (1988) also identified a number of individual personality types among adolescent runaways. A small percentage of runaways are youth who suffer from serious emotional disturbances. Generally they call attention to themselves in the street because of their unusual and sometimes bizarre behavior and are quickly brought in for psychiatric treatment. Teens who feel lost or without direction sometimes run away to "find themselves." Some feel so close to their families, they want to get away; to figure out things on their own. These youth generally return home quickly because of the problems they find in the street. Teens who are experiencing problems in school and find their friendships more satisfying sometimes run away in order to avoid school and to spend more time with peers.

Another group of runaways find home life boring and, in the absence of strong family relationships to keep them at home, leave to find excitement on the street. Some youth, which Nye (1980) reports to be as much as 20 percent of the runaway population, are believed to be relatively well adjusted, but leave home to find adventure, fun, and pleasure. (Cutbacks in after-school and out-of-school activities may account for some of this.)

These runaways resemble the fictional character of Huckleberry Finn and the real-life American hero, Benjamin Franklin, who left his home town of Boston as an adolescent to experience the adventure of the sea and to explore the cities of New York and Philadelphia. This last group of runaways idealizes the world away from home and the adventure it offers. In contemporary America, however, runaways are unlikely to find the kind of adventure they seek. Although they may not have psychological difficulties before leaving home, the circumstances they encounter on the street can quickly lead to psychological distress.

## Stress, Coping, and Running Away

As you will recall from Chapter 11, stress often contributes to the development of physical and psychological difficulties, especially when the individual lacks sufficient coping strategies to deal with the stress he or she is experiencing. While acknowledging the importance of family and school factors, Roberts (1982) also suggested that adolescents who run away are likely to have experienced many stressful life events and few effective coping strategies for responding to that stress. According to this view, running away results when adolescents experience high levels of stress and, in the absence of more effective coping strategies, view running away as the only solution to their problems. Roberts set out to test his ideas by interviewing runaway adolescents and high school students. Not surprisingly, Roberts found that, in comparison with the high school students, the runaways reported more stressful life events, many of which were related to family conflicts. Some stressful life events mentioned only by the runaways were: being physically beaten by a parent, thrown out of the house, placed in a youth shelter, and caught dealing drugs; the death of a parent; a parent's lover moving into the house. Roberts (1982) gives an example of the kind of stressors reported by one runaway:

*Johnny, age 15, had been living with his father for two years. His parents were divorced. His father was an alcoholic. Johnny recalled the night he had been thrown to the ground and stomped on by his father during one of his drunken rages. To escape from further beatings, Johnny fled as soon as his father went to sleep. (p. 21)*

In contrast, the stressful life events mentioned more often by the high school students included the death of a grandparent and a youth's broken romance.

A study by Rotheram-Borus and associates (1991) also indicates that runaways have experienced high levels of life stress. In their study, runaways reported four times more stressful life events than the average adolescent. About 40 percent of the runaways reported that their parents had problems with drugs. Many of their parents were also frequently absent from the home. During the past three months, one-fifth of the youth had been physically assaulted and another fifth had been raped or sexually assaulted.

Runaways also describe ineffective ways of coping with stress. The overwhelming majority (83%) of the runaways interviewed by Roberts (1982) reported that they solve personal problems by taking drugs and alcohol, leaving the house temporarily, crying, attempting suicide, trying to forget it, and running away. In contrast, the methods used by the nonrunaways—thinking it through, talking to mother, a friend, or an older brother, writing about it—are generally more effective. Based upon Robert's study, a combination of excessive life stress and poor coping strategies seem to be a helpful way for understanding runaway behavior. It seems unlikely, however, that many adolescents have the coping strategies needed to handle such high levels of family stress.

## Consequences of Running Away

While running away may be viewed as the only solution for some runaways, it generally leads to even more serious difficulties. While some runaways return home, obtain the adult guidance they needed, settle back into school and gain a new appreciation of their



For many years, female runaways have turned to prostitution to support themselves. Also of great concern is the increasing number of teen male prostitutes.

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families, the runaways who remain on the street often become the victims of pimps, drug pushers, and other criminals. Most runaways have no job skills, no money, no place to stay, and no plan about how to survive. They are easily exploited sexually and often become involved in crime. Pimps learn of the places where runaways arrive and gather in the cities and greet them with offers of money and a place to stay. After runaways remain on the streets for more than a month, over half become involved in prostitution. The unfortunate result is that teens who run away from home to escape physical and sexual abuse often become repeated victims of abuse. Related to their involvement in sexual activity is the concern that runaways are at risk for AIDS. A screening completed at a large runaway shelter in New York City found 7.4 percent of the adolescent boys and 5.4 percent of the adolescent girls to be HIV positive (Stricof & others, 1988).

Runaway youth report high levels of physical and emotional difficulties. According to Robertson (1989), 57 percent of runaways report problems in getting enough food to eat and 19 percent describe serious medical problems for which they have not been able to get treatment. Seventy percent of the runaways studied by Robertson (1989) said that they were depressed or had behavior problems and 49 percent reported that they had attempted suicide within the past year.

While most runaways face a grim existence on the streets, some join with other runaways and manage to survive. Those known as **street kids**, become skillful at fending for themselves through involvement in illegal activities. A small number of runaways maintain a hopeful attitude about the future and continue their education on a part-time basis (White, 1989). They become resourceful, self-reliant and self-confident, and are examples of the resilient youth discussed in Chapter 11.



## Treatment Approaches

As society's way of understanding runaways has changed, so has its treatment approaches. When running away was thought of as the behavior of primarily delinquent and emotionally disturbed adolescents, runaways were most often sent to youth detention facilities or to psychiatric hospitals. Now, runaway behavior is increasingly viewed as the efforts of adolescents to escape abusive and conflicted family situations. Consequently, treatment efforts are being directed toward helping runaway adolescents to develop the coping strategies, problem-solving skills, and support systems needed to resolve stressful family situations.

The **runaway shelter** was developed in the 1960s to provide temporary shelter for youth who left home as part of the youth culture and the social protest and hippie movements. Runaway shelters continue to be an important part of the treatment system for runaways. They exist as a place where runaways are provided with individual counseling and later family therapy, as efforts are made to work out family conflicts. Runaway counselors try to help family members improve communication and problem-solving methods, reestablish feelings of love, and help the adolescent become independent and responsible while remaining in the family (Palmer & Patterson, 1981).

Runaway shelters are intended to provide treatment for a short period of time, usually 14 to 30 days, before the runaway returns home. Sometimes, after 30 days of intensive counseling, it is evident that the conflicts between the parents and the adolescent are too severe for the adolescent to return home. A series of alternative living arrangements, including youth homes, foster homes, and supervised apartments have been developed to serve these youth. Within these programs, runaways are helped to learn skills, such as budgeting, job interviewing, personal and health care, which will help them live on their own. While these programs are helpful to many runaways, too few exist to serve the growing numbers of runaway youth. Other runaways are too fearful or distrustful to make use of the shelter system.

A number of additional services to runaways and their parents have been instituted in recent years. Among these experiments are toll-free phone numbers, which are open on a twenty-four-hour basis to counsel runaways; school programs, which explain the causes and problems of running away to teenagers; and conferences, training sessions, and literature made available to the parents of runaways (see Appendix A).

Burgess (1986) believes that more needs to be done to reduce the negative consequences of running away. She has recommended a number of efforts.

- Runaways need safe, alternative places to live.
- They need immediate relief from the stress they are experiencing. The relief provided needs to counter the relief offered by drugs and alcohol.
- Runaway youth need ways to earn money so they are not forced to become involved in prostitution and drug sales.
- They need alternative education services so that they can become more employable.



## WARNING SIGNS OF RUNNING AWAY

Teens who are thinking about running away often display behaviors that can serve as warning signs. Teens who display several of these signs need help from mental health professionals. These include:

- *Sudden changes in friends, mood, behavior, or habits*
- *A sudden lack of interest in school or truancy from school*
- *Increased rule breaking, rebellion, or outbursts of temper*
- *Accumulating money or other possessions*
- *Talking about running away or about friends running away*
- *Withdrawal from family and friends*
- *Taking drugs or drinking as a way to solve problems or relieve boredom*
- *High levels of depression, anxiety or fear*

As you have seen in the section above, running away can lead to very serious consequences. Therefore, if you suspect a teen of preparing to run away, it is essential that you notify a competent professional, even though you may feel like you are betraying an adolescent's confidence. Such professionals include the teen's school principal, guidance counselor, clergyperson and/or psychotherapist.

## Prostitution

*"It's not so bad, honey," Sherry said. "Flatbackin' ain't the worst thing can happen to ya."*

Although there are no reliable statistics concerning the number of teenage prostitutes, many professionals believe that teenage female prostitution has been growing in recent years and that male teenage prostitution has been growing at an even faster rate. There is a definite relationship between the number of runaways and the number of teenagers who turn to prostitution to support themselves. It has been difficult to determine the seriousness of this problem because of the variety of legal definitions of prostitution. Statistics may be distorted by the fact that most police officers are extremely reluctant to charge a female teenager with prostitution but are much less hesitant to do so with a male.

Psychologists disagree as to the reasons that bring a teenager to prostitution. The psychoanalytic school believes that prostitutes have a highly negative self-image, usually because of rejection by the father. Prostitution is a symbolic way to degrade oneself and a way to defend against the need for love. Prostitution also serves as the defense mechanism of compensation (see Chapter 2). It can make the teenager feel free of the internal conflicts and anxieties of being unloved. Erikson's theory explains prostitution as a negative identity. It represents a rejection of society's values in general, as well as a rejection of self.

## PROSTITUTION AND THE FAMILY

Family problems are common in the prostitute's life. Freudenberger (1973) cites the case of an 11-year-old girl, Maria, who was introduced to prostitution by Dolores, an older girl. A member of a large family, Maria received little love or attention from her parents, but she was expected to be a useful provider for the family. She turned to Dolores, who enjoyed taking care of her. Maria became familiar with the prostitute's life and admired Dolores for it. When Dolores died from an overdose of drugs, Maria's sense of personal isolation and loss drove her to become a prostitute.

The old idea that most prostitutes are nymphomaniacs who simply cannot get enough sex seems to be pretty well discounted among the prostitutes themselves (Kurz, 1977). Kurz interviewed many teenage prostitutes and found that for almost all of them sex is decidedly unpleasant and something that they do because they see it as the only way they can survive on their own.

While there does not seem to be any one condition that leads to adolescent prostitution, Schaffer and DeBlassie (1984) identified four background characteristics commonly found among adolescent prostitutes.

- *Alienation.* Gibson-Ainyette and others (1988) found that adolescent female prostitutes expressed less moral concern and more cynicism than other adolescents, including delinquents. They tend to be alienated from their families, reject conventional values and are distrustful of most people. Williams and Kornblum (1985) believe that many teenage prostitutes have lacked adult role models, such as aunts and mothers, from whom they could learn traditional moral values. The examples set for them suggested instead that traditional values such as marriage, education, and employment were unimportant. The following excerpt sums up one adolescent prostitute's feelings of alienation.

*I hate what society considers normal. So, I find other ways of living with this world, without letting it bother me. If it bothers others, that's their problem. Every man for himself. When it comes to money you will find very few are going to help you make it. And if you're the type that helps others, you'll find yourself taken for a sucker. So you resign to helping yourself.* (Williams and Kornblum, 1985, p. 65)

- *Physical and sexual abuse.* Parental neglect and abuse is considered to be common among girls who become prostitutes. Some prostitutes were sexually abused as children or as adolescents by adults outside of their family. In addition, many prostitutes described a series of negative sexual experiences, including rapes and repeated "one night stands" (Gibson-Ainyette & others, 1988). As a result of their negative sexual experiences, many female adolescent prostitutes hold very negative attitudes about themselves and their bodies and about men.

- *Education and employment.* Many teenage prostitutes have a history of academic failure, school absenteeism, and dropping out. Among the adolescent prostitutes studied by Gibson-Ainyette and others (1988), 65 percent were in special education classes at some point in their schooling. Failure in school contributes to feelings of alienation from traditional values and institutions. Following school failure, a sense of personal worth is sometimes found among peers on the streets. With poor academic credentials, school dropouts have few ways to support themselves. Much of the work available to them is boring and pays poorly. Prostitution offers high income, without taxes or time cards, and may bring some feeling of success, power, and importance. In some poor communities, prostitutes, pimps, and drug dealers are the only ones who earn much money. Many runaways become involved in prostitution as a means of economic survival. Teenagers who get involved in using drugs may come in contact with pimps and prostitutes in the process of buying drugs. They may then find that prostitution is an easy or the only way to finance their expensive drug habit. Other teenagers enter into prisons and detention centers for other crimes and are introduced to prostitution while in jail. After leaving jail, this may be the most sure means of financial support. Although prostitution may bring in much money at first, many prostitutes learn that they lose much of their earnings to their pimp.
- *Family.* In addition to physical and sexual abuse, the family backgrounds of prostitutes are marked by other difficulties. They often describe their parents as unaffectionate and feel closer to peers. The peer groups to which they attach themselves are often a negative influence, however. Parental absence and a lack of adult supervision in early adolescence are also common. High rates of parental separation, divorce, and foster home placements are found among adolescent prostitutes. Some teenage girls try to obtain the attention and affection they feel is lacking in their families through sexual gratification. For some, the pimp is the only person who has ever cared. Although he may also be abusive, he offers security, manages the money, and may provide a place to live.

The above life circumstances seem to contribute to much personal unhappiness and psychological distress. Gibson-Ainyette and others (1988) found that adolescent prostitutes report poor self-concepts and high levels of depression, anxiety, and other psychological symptoms. The levels of psychopathology reported by prostitutes were much higher than those of delinquents, suggesting that prostitution should be viewed more as a mental health problem than as a criminal problem.

Young male prostitutes are called **chickens** and those who specialize in buying young boys for prostitution are called **chicken hawks**. Although many male prostitutes describe themselves as heterosexual, they are engaged as prostitutes in homosexual activity. Although little research has been done with adolescent male prostitutes, they are, like female adolescent prostitutes, likely to have been abused or neglected in childhood. As prostitutes, males have a lonely existence on the street, whereas female prostitutes often develop their own support networks (Schaffer & DeBlassie, 1984).



Some have suggested that because their crimes are victimless, nonaggressive offenders should not be prosecuted. They argue that because these youths mainly hurt themselves, they are really the victims of their "crimes." They need help, not punishment by incarceration. In fact, the parents who drive their children from their homes, and the "johns" who solicit the sexual favor of teenagers are the ones who should be punished by the law. When nonaggressive offenders are placed in the juvenile justice system, they are exposed to prostitution, homosexuality, rape, beatings, and other conditions, which add to their problems and decrease the likelihood of rehabilitation.

Parents of runaways or the wives of husbands who catch venereal disease from a prostitute would likely disagree. The parents of the runaway, faced with an "incorrigible child," typically feels helpless. They feel that without police involvement, they have no place to turn to get their child back. Furthermore, it is argued that prostitutes should be treated criminally because they violate the societal rule that the family must be respected—anyone who tempts people to disregard their marriage vows must be punished for it.

You be the judge. Which side is right, or is there a third possible solution?

## THE JUVENILE DELINQUENT

*There ain't nothing more exciting than sneaking into somebody's house at night to steal their stuff. God, you can hear with your skin!*

—Eddie, an ex-juvenile delinquent

As the above quotation suggests, alienation and thrill-seeking are often characteristic of delinquent juveniles. Confinement in a detention center or jail may worsen these feelings and create a deep cynicism, especially if the youth has been imprisoned with confirmed criminals for a relatively minor offense (Calabrese & Adams, 1990).

Haskell and Yablonsky (1982) point out that the definition of the delinquent youth differs from state to state, town to town, and even among neighborhoods within a town. For example, in most areas the law defines a juvenile offender as someone under 18 years old, but this age can be as low as 16 and as high as 21 (Tolan, 1987). The norms for delinquent behaviors frequently depend on the social class of the youth's family (Cohen & others, 1987; Griffin, 1987). Some authors have suggested that becoming pregnant is a form of juvenile delinquency (Binder & others, 1988).

Delinquents are much more likely than other youths to use and abuse a number of substances, legal and illegal. Watts and Wright (1990) found that the frequency of alcohol, tobacco, marijuana, and other illegal drugs are highly predictive of both minor and violent delinquency in adolescent males of white, African-American, and Mexican-American origins. They suggest several reasons for this link. Both drug use and delinquency may serve the youth by maintaining a "tough guy image," getting parental attention, or





Although youth of color are often stereotyped as being criminals, many crimes are committed by white teens. This boy may want to steal this car, or he may simply be trying to prove his “courage” to his friends.

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### *An Applied View:*

#### INTERPRETING IMPORTANT TABLES

To many of us, long complex tables like the one in Table 13.1 look like hieroglyphics. It seems to be just row after row, column after column, of numbers.

In truth, however, such tables can be the bearers of very important information, information you need to know in order to deal well with adolescents. To get used to interpreting this information, as well as to get a clearer picture of the changes in patterns of delinquency over the past decade or so, we suggest that you try to answer the following set of questions.

1. Among those age groups listed, which group accounts for the most crimes?
2. What type of crime is most prevalent among teenagers? Second most? Third most?
3. What, in your mind, is the most serious type of crime on the list? What percentage of total crimes does this type of crime account for?
4. What crime is most typically committed by sixteen-year-olds?
5. What are the three types of crimes that increase the most across the teenage years?
6. What are the three types of crimes that decrease the most across the teenage years?
7. Can you think of any crimes that have been omitted from this list?
8. Can you figure out what the crime index total means?
9. What do you suppose the crime, “suspicion,” means (third from the bottom of the list on p. 429)?

Table 13.1

## TOTAL ARRESTS, DISTRIBUTION BY AGE

Offense Charged	Total All Ages	Age					
		10-12	13-14	15	16	17	18
<b>TOTAL</b>	11,250,083	147,985	403,102	322,836	390,418	447,419	532,947
<i>Percent distribution</i>	100.0	1.3	3.6	2.9	3.5	4.0	4.7
Murder and nonnegligent manslaughter	18,298	21	257	445	771	1,056	1,327
Forcible rape	30,966	346	1,170	862	1,015	1,146	1,433
Robbery	136,300	1,705	6,960	6,512	8,428	9,153	9,722
Aggravated assault	376,917	3,582	10,311	9,435	12,118	14,754	15,928
Burglary	341,192	11,906	28,886	20,549	22,941	24,481	24,520
Larceny-theft	1,241,236	51,751	102,712	64,623	69,869	69,900	67,405
Motor vehicle theft	168,338	2,430	17,489	17,629	18,598	16,557	12,700
Arson	14,974	1,426	1,845	848	742	674	587
Violent crime	562,481	5,654	18,698	17,254	22,332	26,109	28,410
Percent distribution	100.0	1.0	3.3	3.1	4.0	4.6	5.1
Property crime	1,765,740	67,513	150,932	103,649	112,150	111,612	105,212
Percent distribution	100.0	3.8	8.5	5.9	6.4	6.3	6.0
Crime Index total	2,328,221	73,167	169,630	120,903	134,482	137,721	133,622
Percent distribution	100.0	3.1	7.3	5.2	5.8	5.9	5.7
Other assaults	801,425	12,983	30,405	21,376	23,934	27,002	28,899
Forgery and counterfeiting	74,393	296	864	1,005	1,785	2,753	3,837
Fraud	279,776	386	1,968	2,196	1,766	3,065	6,750
Embezzlement	12,055	15	63	71	228	480	685

Source: *Uniform Crime Reports*, 1992.

defying parental authority. Delinquency and drug use may also be a way to escape from the painful realities of their environment, or to relieve chronic boredom.

When a delinquent act is defined as the violation of legally established codes of conduct, delinquency includes a wide range of illegal behavior—from misdemeanors to major crimes against persons and property. While we may be dismayed at the variety of ways youths may get into trouble, it is most important to remember that most of these violations are not very serious. Only a small minority of American teenagers have committed major crimes, been arrested, or live a consistently delinquent way of life (Federal Bureau of Investigation, 1992).

It is not easy to explain the findings in Table 13.1, but it is possible that the overall decrease in crime is a result of a movement toward more conservative attitudes, as was

**Offense Charged****Total  
All Ages****Age**

		<b>10-12</b>	<b>13-14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>
<b>TOTAL</b>	11,250,083	147,985	403,102	322,836	390,418	447,419	532,947
<i>Percent distribution</i>	100.0	1.3	3.6	2.9	3.5	4.0	4.7
Stolen property, buying, receiving, possessing,	131,656	1,717	7,264	6,920	8,349	9,558	10,589
Vandalism	256,558	16,022	27,379	16,897	18,031	18,297	15,759
Weapons, carrying, possessing, etc.	176,137	1,543	6,505	6,069	7,812	9,782	11,590
Prostitution and commercialized vice	91,093	23	106	188	326	627	1,671
Sex offenses (except forcible rape and prostitution)	84,852	1,934	4,255	2,433	2,109	2,143	2,486
Drug abuse violations	869,155	865	7,700	10,788	18,093	27,101	39,103
Gambling	15,443	21	120	140	198	308	450
Offenses against family and children	65,992	161	499	571	595	624	1,717
Driving under the influence	1,390,906	44	224	684	3,899	10,821	28,155
Liquor laws	552,039	858	9,377	17,133	35,285	59,180	86,760
Drunkenness	716,504	232	1,945	2,867	4,791	9,371	19,692
Disorderly conduct	579,674	7,282	20,423	17,827	21,873	26,514	30,703
Vagrancy	31,237	144	602	526	610	616	1,205
All other offenses (except traffic)	2,572,491	16,290	50,038	42,918	58,378	75,114	108,514
Suspicion	17,753	284	693	578	701	723	760
Curfew and loitering law violations	64,568	2,872	15,454	15,015	17,795	13,117	—
Runaways	138,155	10,846	47,588	35,731	29,378	12,497	—

found in the 1984 study by the National Association of Secondary School Principals (NASSP, 1984). This study of 1,500 representatively chosen seventh- to twelfth-graders found marked changes in attitude from a similar study conducted by the NASSP in 1974. The students questioned in 1984 were markedly more conservative in their attitudes toward sex, the family, politics, and a number of other topics, including crime. For example, the great majority agreed that:

- The laws concerning the defense of insanity should be much tougher (no doubt reflecting attitudes toward John Hinckley's attempt on President Reagan's life).
- The death penalty is appropriate.
- Violent crime is the third most important problem facing the nation.

## The Family and Delinquency

Patterson and associates (1990) outline a developmental model of antisocial behavior which predicts delinquent behavior on the basis of a child's social environment. If left unchecked, such tendencies are likely to lead to chronic delinquency and crime in adolescence and adulthood.

The first stage begins with family members directly training the child to be antisocial by reinforcing coercive, belligerent behaviors in the child. The child learns to control other family members through gradually escalating coercive tactics. In addition, few positive social skills are taught.

The authors list the "disruptors" that have a negative effect on parenting, which thus increase the probability of children's antisocial behavior:

- An intergenerational history of antisocial behavior in the family.
- Disadvantaged socioeconomic status.
- Family stressors such as unemployment, marital conflict, family violence, or divorce.

Social rejection by peers and school failure are the predictable reactions to antisocial children from this sort of antisocial environment. These failures increase the risk that the antisocial children will join deviant peer groups which, in turn, act as positive feedback for further antisocial behavior.

The authors hypothesize that training in antisocial behavior as early as preschool and elementary school may deprive these children of positive socialization by peers and school, and hence, heavily tilt the balance toward chronic delinquency and, eventually, adult criminality.

## Learning and Delinquency

An inner-city high school is a source of stress for many youth, especially when they are receiving poor grades, failing a subject, or being suspended (Mosley & Lex, 1990). Numerous studies have found that "chronic underachievement and a poor school record are . . . predictive of rule breaking and antisocial behavior" (Feldman & others, 1984). In fact, much evidence indicates that there is a causal link between problems in achieving academic competence and delinquency (Cullinan & Epstein, 1979; Jerse & Fakouri, 1978; Kauffman, 1981; Siegel & Senna, 1981; Whelan, 1982).

In spite of the fact that many severely underfunded inner-city high schools are seriously underserving their students, there are dedicated teachers who daily give courage and hope to the adolescents under their care. The love and respect that these men and women show for their students is often the most important motivation for students who might otherwise despair of ever escaping their poor background. When the students realize how much such a teacher respects them and their abilities, their self-esteem is improved. They are therefore encouraged to make a much greater effort to do their very best work. Many are surprised to discover talents they did not know they possessed, and are inspired to persevere in their education. Many not only graduate from high school, but also continue their education and are enabled to break the cycle of poverty.



### IMPOVERISHED INNER-CITY SCHOOLS AND DELINQUENCY

Some investigators believe that delinquent behavior is caused by characteristics of impoverished inner-city schools themselves. This includes both academic and extracurricular aspects. On the academic side they cite the passivity required of students in many inner-city classrooms, excessively large classes, poor academic quality, and an unstable student population, indicated by high rates of newly-admitted and transfer students. Perhaps even more important is: “. . . the exclusion of marginal youths from “sponsored” school activities such as clubs, artistic groups, athletics, and student government. Such exclusion may be a byproduct of a tracking system that rewards the academically successful and ignores or denigrates the academically unsuccessful” (Henggeler, 1989). In addition, being accepted in these after-school activities often depends on being able to pay for them.

As with anything else in life, when we are excluded from something, we often wish we were included. Anger that results from unfair exclusion based on characteristics over which the adolescent has no control (poverty, race, gender) quite frequently leads to delinquent behavior.

Fagan and Pabon (1990) studied 243 male and 133 female dropouts from six inner-city high schools. African-American, Latino, and white students were all represented in this group. Among the many reasons the ex-students gave for quitting school, the largest number mentioned loss of interest in school and needing to get a job. In these two categories, there were no differences by race. Other reasons included too much homework, inability to get along with teachers or fellow students, trouble at home, pregnancy, and drug and alcohol abuse or other health problems. Many left school permanently after they had been suspended. Up to 20 percent had been expelled.

While only a few of the dropouts cited alcohol and drug problems as reasons for leaving school, the researchers caution that this should not be taken as evidence that many others were not substance abusers. It is quite likely that although many of the former students reported “no problems” with drugs or alcohol, the use of these substances was, in fact, influential in creating a loss of interest in school.

When the dropouts were compared with agemates who remained students, both groups reported similar levels of drug use, weapons possession, and violence in the schools. Male dropouts reporting on their own behavior while at school admitted they abused drugs, attended school while under the influence of drugs or alcohol, and committed crimes more often while in school than did male students. They also missed school more often, had less respect for teachers, and did not “try hard” in school. Female dropouts more closely resembled female students, and said they were far less involved in drug use or school crime than the males. The authors conclude that while substance abuse

## TEACHERS CAN MAKE THE DIFFERENCE

In New York City, Seward Park High School serves a wide variety of underprivileged students. These adolescents range from those recently arrived from such far-flung places as the peasant villages of China and the Dominican Republic, to those who live in the city's welfare hotels. The school is old and overcrowded, and has been ranked among the worst 10 percent of high schools in the state. It stands in a neighborhood of violent, drug-ridden streets. Nevertheless, 92 percent of its graduates go on to further education.

Dedicated teachers like Jessica Siegel, whose story is told in Samuel Freedman's 1990 book *Small Victories*, can make all the difference to students whose talents might otherwise remain buried under the burdens of their often bleak lives. Ms. Siegel taught literature and journalism, and agreed to be faculty advisor of the school newspaper. Here is an excerpt from an article written for that paper by one of her students, Lun Cheung:

"The road to the ultimate sense of achievement is too often a long and hard one. For many this never happens and dropping out is the solution. No one or at least not many drop out because they want to. Sometimes they just can't help it. For example, many students have serious family problems. The next day is hard to face. This is not an excuse because I realize the students are mature enough to handle it.

Or you're a student who has a nine-period day working after school. Straight after school you go to work until 11:00 PM. You come home and realize there is a lot of homework to do. You just don't have enough strength left and you fall asleep. Before you realize it you're falling behind. The teachers get on your case. You want to explain to them but you are just too afraid because you think they feel you are just making excuses. And so the inevitable words come out, 'Who cares, forget about it.' How annoying it is when people tell you 'Why don't you just quit your job.' If you quit where will the money come from, who will pay the phone bill, sometimes, who will pay the rent.

"Do not take this as an excuse, instead as a better way to understand a student. A student feels lousy when a teacher embarrasses a student by saying, 'Hey look who showed up' or 'No, I don't believe you.' Instead of facing up to the problem students take the easy way out."

"There are some teachers who really care though, those teachers who believe in you and have complete faith. They are the ones who want to see you go to college and will help you to achieve those means. But there is that little feeling inside of you that you can't help but feel and your problems pile up and up. This is when the dilemma pops up because you just don't want to disappoint those teachers who have been pushing for you" (Freedman, 1990, pp. 393-394).

*Excerpt from Small Victories by Samuel G. Freedman. Copyright © 1990 by Samuel G. Freedman. Reprinted by permission of HarperCollins Publishers.*



Not surprisingly, research indicates that school dropouts often miss school, have less respect for teachers, and give little effort to schoolwork.

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and delinquency may directly influence school dropout for some, these problem behaviors may also be symptoms of other problems, such as a poor home life and poverty. A relationship between large family size, suggesting possible parental neglect, and increased delinquency has been demonstrated (Tygart, 1991). Gray-Ray and Ray (1990) suggest that the youth's *perception* of parental neglect is more influential than its actual extent.

Youth who leave school are at a great disadvantage in looking for work, and many remain unemployed for long periods of time. Enforced idleness, boredom, and hopelessness may turn them to delinquency.

Perlmutter (1987) looked specifically at the relationship between learning disabilities and delinquency. He found that learning disabled adolescents are “. . . more likely to develop severe delinquent behaviors than are their non-disabled peers,” (p. 89). To counteract the link between learning problems and delinquency, Rosenberg and Anspach (1973) recommend “educational therapy.” This approach includes direct and continuous measurement of student learning activity, individualized instruction, a variety of classroom-wide procedures, and intensive, continuing self-study by administrators and faculty.



## “TEACHING SELF-CONTROL”

Hypothesizing that criminal behavior is linked to dropping out of school, and that both can be the direct result of a lack of self-control, Dacey & associates (1993) designed a program of fourteen 45-minute lessons in self-control, which were administered in two Boston middle schools to twelve classes of 151 eighth-graders in 1990. Nine of the classes were selected because the students in them were known to have serious problems controlling their behavior, and three were randomly chosen from among the regular classrooms. The lessons incorporated several methods known (on the basis of previous research) to promote greater self-control:

- *Awareness of internal states and behavior modification*
- *Visualization and goal orientation*
- *Somatic control*
- *Stress management*
- *Self-image and impulse control*
- *Role play*

Two years after the completion of these lessons, the dropout rate of participants was compared to the rate of 23 percent for Boston's tenth-graders. The rate for the experimental group was 14 percent, a decrease in the dropout rate of 40 percent. Whether there was also a decrease in criminal behavior was not studied, but because it is known that those who stay in school through graduation perform significantly fewer criminal acts on the average, it seems likely that this type of instruction reduced criminality, too.

## Multiple-Problem Youth

*In his eyes is the fixed stare of the blasted spirit.*

Poet Ned O’Gorman

In contrast to the traditional focus of research on single aspects of adolescent problems, a recent study based on the National Youth Survey (NYS) by Elliott and associates (1989) sought to identify and understand the connections between delinquency, drug and alcohol abuse, and mental health problems. The National Youth Survey is a continuing longitudinal study of a nationwide probability sample of adolescents, and is representative of all American youth. It consists of 1,725 adolescents, with members of each race, sex, and age group in the same proportions as are found in the U.S. population of adolescents as a whole. These researchers are also interested in finding out whether delinquency and drug use peak in the middle to late teens, and begin to lessen as the youth matures, as some studies have suggested, a process that some observers have called “maturing out” of delinquent behavior. There is some evidence that many youths do grow out of delinquent behavior as they enter their twenties.



## A Multicultural View:

### SOME MYTHS ABOUT AFRICAN-AMERICAN MALE TEENS

In her review of the literature, Jewelle Gibbs (1991) has discovered a number of myths about African-American male teens, and has summarized the evidence against these myths. They are as follows:

*Myth 1. Most young African-American males are frequently involved in criminal delinquent behavior.*

It was reported in the *Sentencing Report* (1991) that nearly one out of every four African-American males age 20 to 29 is in jail, on probation, or on parole. Although these figures have been questioned by some experts, it should be pointed out that even if they are correct, nearly three out of every four young African-American males have *no* criminal complaints against them.

*Myth 2. Most crimes committed by young African-American males are directed against whites.*

FBI statistics indicate that the great majority of crimes committed by African-American males are against other African-Americans, not whites.

*Myth 3. If homicide rates were not so high among African-American males, they would live just as long as white males.*

It is a tragic fact that African-American males in Harlem have a shorter life expectancy than those in rural areas of Bangladesh, an extremely poor country. It is also true that some of this death rate is due to homicide, but much of it is due to the number of illnesses African-Americans contract, which could have been treated if they had been detected early enough.

*Myth 4. Young African-American males are fully expendable and disposable. If they don't shape up, they can be jailed, isolated in inner-city ghettos, or restricted to an urban underclass.*

This is probably the most dangerous myth of all, not only because it is extremely inhumane to the African-American youth, and because it is much more expensive to jail people than it is to alleviate their poverty, but also because it would create a dangerous subculture in our society which ultimately will cause far more problems than it would take to try to repair the circumstances that caused the problem in the first place.

*Myth 5. The problems of young African-American males are unique to the United States and simply reflect their inability to assimilate like other immigrant groups.*

First it should be recognized that African-American persons in Great Britain and other Western European countries also have high rates of poverty, and have problems that prevent them from being integrated into those societies too. In addition, even middle-class African-Americans find themselves the victims of persistent racial prejudice, and cannot be said to be fully assimilated.

Involvement in delinquent behaviors, drug use, and mental health problems were reported by the teenagers themselves in confidential interviews conducted in their homes. These self-reports included all of the 40 different offenses listed in the FBI's "Total Arrests, Distribution by Age" (see Table 13.1). The interviews were also designed to bring out "hidden" delinquency and other problems—those that are not reflected in official sources. Elliott and associates (1989) found that *delinquency and substance abuse are more related to each other than either is to mental health problems*. They also noted that drug use tends to delay or prevent "maturing out" of delinquency. Another interesting finding was that alcohol was used just before 80 percent of the sexual assaults that were committed, and other drugs were used just before half of the car thefts.

Although individual crimes by a few adolescents may be serious, the criminal activities of gangs have come to be a more critical concern. In the next section, we investigate trends in gang behaviors in the early 1990s.

## THE AGGRESSIVE GANG

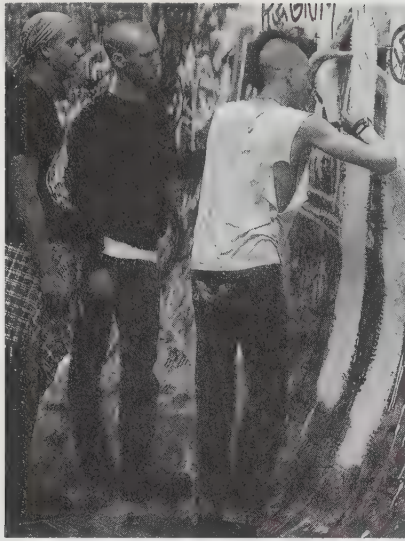
Gangs often offer youths the fulfillment of basic needs. Some of their functions clearly coincide with those of the larger society. Gangs typically provide protection and recognition of the desire to feel wanted. Furthermore, they offer activities that mark achievement, status, and acceptance, such as the initiation rite of a potential gang member. Since gang members are often isolated both from legitimate opportunities to earn money and from daily interaction with people outside the gang, it becomes a source of social status and often also of money gained through illegal activities, especially drug dealing (Fagan, 1989).

Youth gangs are not delinquent by definition, although both professional literature and the popular media encourage the view that they always exist primarily as law-breaking groups (Hagedorn & Macon, 1988). Some gangs are formed in reaction to violence and the fear of violence on the streets (Walker, 1991). Other gangs are actually informal social groups of adolescents whose main activity is "hanging out" or "doing nothing," just being friends. Others are organized around an activity (e.g., "hip-hop" music) and provide an outlet for creative and artistic strivings. The use of marijuana and alcohol and various acts of minor delinquency may be condoned by some of these groups, but serious drug use and true criminality are not. These groups of friends appear to support one another in avoiding such pitfalls. Groups that begin in this way usually remain social in character, although in urban settings there is the possibility that conflict with other similar groups may lead them to evolve into delinquent gangs (Baron, 1989; Hagedorn & Macon, 1988).

In a study conducted in a middle-sized midwestern city, both gang members and young people who thought they might join a gang gave "to have more friends" as the primary reason for joining. Other important reasons for gang membership were "because I have nothing else to do," and "so that people will look up to me" (Takata & Zevitz, 1990).

According to a study commissioned by the New York City Youth Board (*New York Times*, 1989), urban gangs possess the following characteristics:

- Their behavior is normal for urban youths; they have a high degree of cohesion; roles are clearly defined.
- They possess a consistent set of norms and expectations, understood by all members.



Gang members possess a consistent set of norms and expectations. For these members of a “skinhead” gang, the values of the Nazis of World War II, hatred of Jews and nonwhites, are the norm.

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- They have clearly defined leaders.
- They have a coherent organization for gang warfare.

The gang provides many adolescents with a structured life they never had at home. What makes the gang particularly cohesive is its function as a family substitute for some adolescents whose strong dependency needs are displaced onto the peer group. The gang becomes a family to its members, and they view the street as their home (Burton, 1978; Hagedorn & Macon, 1988; Short, 1990).

## Ethnicity and Social Class

In this country the formation of juvenile gangs has typically followed a sudden increase of new ethnic groups due to immigration. The children of new immigrants have a difficult time breaking through cultural barriers such as a new language and racism. Perceiving their prospects of succeeding in the new society as bleak, some of these children form gangs, which provide the structure and security discussed, but also serve as an outlet to attack the society that seemingly will not accept them. In times past, these gangs were composed of Jewish, Irish-, and Italian-Americans. Then came the African-American gang. Today’s new gangs are frequently formed by Latino- and Asian-Americans (Burke, 1990; Vigil, 1988).

Friedman and associates (1976) studied the victimization of youth by urban street gangs. He found that:

*Rituals of street gang warfare and the practices of victimizing both gang members and nonmembers by having them commit serious crimes and violent offenses may serve to maintain the continuity of the group, to give it structure, and to symbolize the gang's power of life and death over others. (p. 21)*

Curry and Spergel (1988) make a similar point in their study of communities where both delinquency and gang homicides occur:

*For disadvantaged youths, uncertain in the face of the unstable urban social world, the gang is responsive and provides quasi-stable, efficient, meaningful social, and perhaps economic, structures. In gang membership, there is the opportunity to obtain the psychic rewards of personal identity and minimal standards of acceptable status and sometimes the material benefits of criminal income. (p. 401)*

Thus, the gang becomes a vehicle for tearing its members away from the main social structures and authorities, in particular the family and school.

Today's gangs have some disturbing differences from those of years past. They are much more heavily armed and much more willing to use their weapons. Films about delinquent teenagers like *The Blackboard Jungle* (1955) and *West Side Story* (1961) showed gang members carrying knives, chains, and pipes. Gang members in recent films like *Colors* (1988) and *Boyz n the Hood* (1991), both of which feature actual gang members as extras, are armed with assault rifles and Uzi submachine guns. They do not hesitate to use these highly destructive weapons, not only on rivals and suspected rivals, but also on innocent bystanders and police officers. The showing of these films in itself often causes outbreaks of heightened violence. Snyder (1991) points out that viewing such films can reinforce the violent and antisocial values already held by gang members. Other delinquents may also identify with the characters in the film and become further confirmed in their beliefs and attitudes.

Law enforcement officials have noted that attacks by gangs on police officers are now quite common and continue to increase (Gates & Jackson, 1990; Sessions, 1990). Many innocent bystanders are also injured or killed by violent gangs, often in **drive-by shootings**. Statistics from the Los Angeles Police Department indicate that 50 percent of the victims of gang violence have no connection at all with any gang activity (Gates & Jackson, 1990). In addition to killing members of rival gangs, gang members also frequently kill one another, even within their own "set" or subdivision. This is especially true of large gangs like the Crips of Los Angeles (Bing, 1991; Ewing, 1990).

Gang violence has increased dramatically in the past decade. Twenty-five percent of all juvenile crimes are committed by urban gangs. Los Angeles, with over 450 street gangs involving more than 36,000 members, has perhaps suffered most from this upsurge in violence (Gates & Jackson, 1990). That city saw gang-related homicides increase from an already staggering 150 in 1985 to an unfathomable 387 in 1987. In 1988, nearly 10 percent of all homicides committed in Chicago were gang-related (Ewing, 1990). Many



of those killed are themselves teenagers. Youth in smaller cities also suffer from a large number of gang-related deaths. In Boston, for example, 107 young people have been killed by gangs since 1985 (Wall, 1991).

Many observers have cited the lack of responsible parents and an unstable family life as major contributors to the tragic growth in the number of “kids killing kids” (Dolan, 1991; Kelly, 1991; Prothrow-Stith & Spivack, 1991; Reid, 1991; Yancey, 1991). Curry and Spergel (1988) suggest that poverty and social disorganization are key factors in violent gang behaviors.

Bing (1991) was allowed to observe a class required of Los Angeles gang members in a juvenile detention camp. When the teacher asked the boys to suggest “a real good reason to kill somebody,” they came up with 37 reasons for which they would be willing to kill. Many of these reasons seem shockingly trivial, but most are related to personal pride or protection of the gang’s territory. Some of the reasons given were: “‘Cause he asked me where I was from,” “‘Cause he wearin’ the wrong color,” “‘Cause he give me no respect,” “For the way he walk,” “‘Cause I don’t like his attitude,” and “‘Cause they ugly” (pp. 122–123).

In addition to pride and territory, money and drugs are increasingly motivating the violence. Police in Los Angeles cite the influence of crack (see Chapter 12) as a major influence in gang violence. Organized urban gangs have now become profit-making enterprises. Taylor (1990) states, “The fact is that drugs have taken street gangs and given them the capability and power to become social institutions” (p. 114). Drive-by shootings are committed by heavily armed youths in expensive cars protecting their “market.” The availability of large amounts of money through the drug trade is the main reason that gangs who deal drugs are seeking expanded markets and are no longer limited to the large urban areas.

William Sessions of the FBI observes that gangs may be divided into two categories: **cultural gangs** or **instrumental gangs**. Cultural gangs are those centered in a neighborhood. They are loosely organized, and are not necessarily involved in any criminal activities. These gangs are usually made up of a single cultural or ethnic group, especially if that group is newly arrived in this country, as was mentioned earlier. In contrast, instrumental gangs are formed for the purpose of carrying out criminal activities. The lure of big money has drawn many into drug dealing. Some formerly cultural gangs have evolved into instrumental gangs through becoming participants in the cocaine trade (Sessions, 1990).

Smaller cities and towns in the United States have recently seen an increase in the formation of juvenile gangs. These gangs are often related to other, well-established gangs from the larger cities. In effect, gangs such as the Crips and the Bloods of Los Angeles can set up “franchises” in cities like Seattle, Racine, and Shreveport. Cocaine distribution by these two gangs is known to exist in 26 cities across the country. Police in Los Angeles have received questions about the Crips’ and the Bloods’ activity from 48 states (Sessions, 1990). Residents of such smaller cities resist accepting the fact that gang activity has spread to their home area (Pierce & Ramsay, 1990; Takata & Zevitz, 1990).

A newly developing form of drug-related gang violence is the **home invader gang**. These gangs enter homes and terrorize the occupants while stealing anything of value.

**"AN AMERICAN NIGHTMARE"**

It is astonishing how the easy purchase of drugs creates an environment in which crime breeds viciously. Take, for example, this description of life in northern Manhattan, New York City:

"As Broadway cuts up through the Upper West Side of Manhattan and into Washington Heights, it gradually turns into a giant Caribbean bazaar. . . . As the ever-present crowds make their way up and down the street, the Heights seem a living embodiment of the American Dream—a vibrant, energetic urban melting pot."

"Wander off Broadway, though, and the neighborhoods quickly seem like an American nightmare. On side streets in the 150's and 160's, clusters of tough teenagers wearing beepers, four-finger gold rings, and \$95 Nikes offer \$3 vials of crack, the high-octane, smokable derivative of cocaine. On every block there are four or five different 'crews,' or gangs, each touting its own brand of the drug, known to aficionados as 'Scotty' (as in "Beam me up"). Some blocks are 'hotter' than others, depending on the availability of the crack. On the hottest blocks Scotty is available '24/7'—24 hours a day, seven days a week. So much business is transacted on these streets that Washington Heights has gained a reputation as the crack capital of America."

"The experience of the Heights has been repeated in large cities throughout the country. And now, in smaller communities, too, crack is striking with swift fury. From rural woodlands to shady suburbs, prairie townships to Southern hamlets, no community seems immune. The roster of the infected reads like a roll call of Middle America itself: Roanoke, Va.; Seaford, Del.; Sioux Falls, S.D.; Cheyenne, Wyo.; Sacramento, Calif.; Portland, Ore. Fort Wayne, Ind., once known as the 'City of Churches,' is now home to an estimated 70 crack houses, causing law-enforcement personnel to christen it 'the crack capital of Indiana.'" (Massing, 1990, p. 39).

These are the situations that many human service workers are facing, not in large urban ghettos, but in "Hometown, U.S.A." We are going to have to devise better plans for dealing with this insidious danger. What ideas do you have as to what we might do?

According to Burke (1990), these gangs enjoy their ability to intimidate and control their victims, forcing them to hand over all their valuables, and threatening to kill them if they don't cooperate. They actually prefer to attack while the victims are at home. While some of these gangs are made up of adults, juvenile home invaders are not unusual. Particularly in vacation areas like Florida, victims are confronted and robbed in motels. Many of these gangs are made up of Asian males.

Suburban gangs have also been on the upswing (Muehlbauer & Dodder, 1983). These suburban gangs usually are less organized and formal than those in the cities. They typically get their "kicks" from the malicious destruction of property. It has been predicted

that violence directed by youths toward one another will invade the white suburbs within the next few years (Radin, 1991). Reasons advanced for this prediction include:

- Abdication by many parents, teachers, and community workers of the responsibility to teach children lessons in civility and self-restraint.
- Making lethal violence trivial, not just among children, but in society as a whole.
- Denial of basic necessities—food, shelter, supervision—to an ever-broadening circle of youth.
- Swelling rage among youth at the unfairness and apparent hopelessness of their situation (Radin, 1991, p. 1).

## Characteristics of Gang Joiners

We are just beginning to learn why some teens join a gang, while others go to great extremes to avoid doing so (Hochhaus & Sousa, 1988). According to Jankowski (1991), who has made an extensive study of urban gangs, most of the youth who join them do not have psychological problems, but are “intelligent, self-motivated and goal-oriented—all traits that American culture values” (p. 15). They believe that joining the gang will improve their lives, especially in the face of the extremely limited resources available to them and the heavy competition for what little does exist. Jankowski believes that it is living in this type of environment that creates aggressive and violent behavior.

Gang members are much more likely to have divorced parents or parents with a criminal history. They are more likely to do poorly in school. Friedman and others (1976) showed that what most differentiates the street gang member from the nonmember is the enjoyment of violence. Female gang members, whose numbers also have increased recently, face many of the same societal barriers that cause males to join gangs, with the additional problem of sexism. As in the larger society, within the context of the gang itself, females are accorded lower status than males (Campbell, 1990).

Gang members also have more unrealistic expectations of success than nonmembers. (Burton, 1978). Gangs, in effect, promise a more equal opportunity for members to succeed in life than does society. In general, gang members are found to have more drug-abuse problems, more mental disturbance, and are more angry and violent than the average youth. Again, it is necessary to remember that these average youth, the majority of adolescents, do not suffer from these problems.

## Attempts to Eliminate Gang Behavior

**Recidivism**—returning to delinquent and criminal activities after being incarcerated—is very high among adolescent offenders. Some investigators believe that because adolescence is a period of high risk for rejection of societal standards of behavior, these teenagers are even more likely than adult criminals to return to illegal activities. Adolescents being freed from detention are likely to continue to suffer from social problems, and to continue to respond in antisocial ways. Their lack of job skills and consequent inability to obtain money in legitimate ways may lead them back into drug-dealing and



robbery. Their inability to resolve conflicts peacefully is likely to result in more violence. Their inability to trust or to form healthy relationships often add to the problem.

Although many gang members grow out of their attachment to the group, a few continue their unlawful conduct into adulthood. In one study, which followed 95 former juvenile delinquents who had spent time in confinement for their offenses, 89 also had an adult criminal record (Lewis & others, 1990). Note that this study investigated only youths who had been in jail or detention, so it does not tell us anything about the many who have never been confined. Research is especially needed to discover why some violent juveniles give up this behavior as they mature, and do *not* become violent adults.

Mark Umbreit (1991) describes efforts to teach juvenile offenders how to settle conflicts without resorting to violence by means of a technique called **conflict mediation**. In this program, a face-to-face meeting between the offender and the victim is arranged and attended by a third person, called the mediator.

This person has been trained in ways to avoid or resolve conflicts. In talking together under the guidance of the mediator, victim and offender learn how and why the incident occurred, and what it meant for each of them. The young offender is held responsible for his or her behavior, and given a chance to express remorse and to make amends to the person who was harmed. Surprisingly, the researcher found that these meetings are rarely emotionally violent or marred by further conflict.

Some success has been enjoyed within this program, but there are several important questions about the mediation process which must be considered. The two most important ones are: imbalance of power and coercion to participate. The mediator must be able to establish the same amount of power for the victim as for the offender. Maintaining this balance throughout the process is also the responsibility of the mediator. It is most desirable for the offender to agree voluntarily to participate in mediation. An unwilling participant is not likely to gain anything from the process, and may cause further psychological harm to the victim.

Several studies of incarcerated youths have demonstrated that lack of social and interpersonal skills and delinquency are often related (Simonian & others, 1990). The delinquents' beliefs about how unchangeable the causes of their failures are have also been shown to be related to the likelihood of their responding violently to many kinds of situations (Guerra & Slaby, 1990). Some efforts have been made to remedy this situation by teaching delinquent youths cognitive mediation and conflict mediation skills (Umbreit, 1991).

Guerra and Slaby (1990) ran a 12-session program with 120 male and female adolescents who were confined to a state juvenile correctional facility because of violent crimes, including assault and battery, robbery, rape, attempted murder, and murder. The participants were randomly assigned to one of three groups: cognitive mediation training, attention control, and a no-treatment control group. There were 20 males and 20 females in each group. The youths in the treatment groups were divided into small discussion groups that met once a week for one hour. The instructor guided them in learning such skills as considering more than one interpretation of a situation where they might react violently, and responding in thoughtful, responsible ways instead of reacting with passivity or aggression.





Youths who get into trouble with the law are more likely to lack interpersonal skills, such as the ability to communicate clearly, than youths who do not get into trouble with the law.

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Although the youth did learn to change some of their aggressive reactions, this change was, unfortunately, neither large nor lasting. Two years after the participants were released from confinement, no differences could be found between the treatment groups and the control group.

Researchers have had some success in developing tests that will indicate whether a juvenile offender who has served some time in jail is likely to return to criminal activities if paroled. These could provide more concrete guidelines for those making the decision of whether or not it is safe to return a confined adolescent to the streets (Ashford & LeCroy, 1990).

## CONCLUSIONS

As you have learned, there are many different actions that could cause a person to be labelled a “juvenile delinquent.” The definitions, causes, and consequences of these acts are extremely intricate, and may differ widely from one part of the country to another. It is good news that the number of criminal acts committed by youth has been declining in recent years, but this fact seems to be offset by the growing number of lethal crimes being committed by youth gangs. You can see that continuing research is necessary in all areas that relate to troubled young people, especially those who see illegal and destructive behavior as their only option.

What can society do to alleviate these problems? Unfortunately, as Schneider (1990) points out, changes in social institutions that would provide greater opportunities for young people are often seen as too indirect and expensive. The juvenile justice system is relying more and more on severe punishment or the threat of such punishment to discourage criminal behavior.

Perhaps the answer, or at least part of it, lies in helping adolescents prepare themselves better for their role as adults. There is reason to believe that in industrialized countries, we have not been doing this very well. In the next chapter, we examine the ways by which societies induct youth into adulthood, and consider some suggestions about how this might be improved.

## CHAPTER HIGHLIGHTS

### Introduction

There are three main types of delinquent behavior: the nonaggressive offender, the juvenile delinquent, and the aggressive gang member.

### The Nonaggressive Offender

- Some of the common causes for running away are a stressful home environment (verbal and/or physical abuse), being ordered to leave by parents, getting “lost in the system” of government intervention, and serious personality or emotional problems.
- Runaways typically have poor coping skills, which ill prepares them for dealing with the generally higher levels of stress which they are exposed to.
- Treatment of runaways includes providing them with coping strategies, problem-solving skills, and more effective support systems.
- Causes of prostitution include alienation from society, physical and/or sexual abuse, undereducation, lack of legitimate employment, and family difficulties.

### The Juvenile Delinquent

- The number and percentage of crimes committed by juveniles are lower than a decade ago, but are still unacceptably high.
- Government reports can shed a great deal of light on the condition of today’s adolescents.
- Chronic academic underachievement, learning disabilities, and school failure are highly correlated with delinquent behavior.
- Drug use, mental health problems, and delinquency are related, but the relationship is complicated.
- Many of the myths surrounding the association between African-American male youth and delinquent behavior are inaccurate.

### The Aggressive Gang

- Gangs typically have a high degree of cohesion and organization, a consistent set of norms, clearly defined leaders, and coherent organization for warfare.
- Gangs often spring up after ethnic group immigration to the United States, in response to feeling alienated from the dominant culture in which they find themselves.
- Gang joiners typically have certain characteristics, such as intelligence, self-motivation and goal-directedness, as well as a greater enjoyment of violence and need for acceptance by others.
- Three types of gangs: cultural, instrumental, and home invader gangs.
- Gangs have become much more violent in the past decade, probably in response to increased drug trafficking.

## KEY TERMS

Aggressive gangs 415  
Castaways 417  
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Pushouts 417

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Street kids 421  
System kids 418  
Throwaways 417

## WHAT DO YOU THINK?

1. The consequences of running away from home can be dire. What do you think should be done with a runaway who has been caught by the police?
2. Some people say that because prostitutes only hurt themselves, they should not be treated as criminals, but rather as emotionally troubled. What's your position?
3. Try to remember every illegal act you have ever committed (hopefully there won't be too many of them). Can you imagine how any one of those acts could have led you into becoming a juvenile delinquent?
4. In what situations do you believe it is proper to try a juvenile delinquent as an adult? What are your reasons?
5. If you were the chief of police in a medium-sized town, what specific actions would you take to combat adolescent crime?
6. If you were mayor of a large city, what specific actions would you take to combat youth gang violence?
7. What role should schools play in combating delinquent behavior?

## SUGGESTED READINGS

- Hinton, S. E. (1967). *The outsiders*. New York: Dell. This remarkable book describes gang rituals, class warfare, and coming of age in this truly intense environment. Another popular book by this author is *That Was Then, This Is Now* (1971), a sequel to *The Outsiders*.
- Rodriguez, L. (1993). *Always running*. Willimantic, CT: Curbstone Press. Describes in vivid detail life among the "Crips" and the "Bloods"—two rival gangs that started in the barrios of Los Angeles and have since branched out to a number of other American cities. Another excellent book on this same subject: Bing, L. (1991). *Do or die*. New York: HarperCollins.
- Shulman, I. (1981). *West side story*. New York: Pocket Books. This novelization of the classic musical is a primer on how it feels to be conflicted over loyalties to ethnic group, gang, and love. The story is adapted from Shakespeare's famous play, *Romeo and Juliet*.





part 5 five

THE END OF  
ADOLESCENCE





*L*ife is difficult. This is a great truth, one of the greatest truths. It is a great truth because once we truly see this truth, we transcend it. Once we truly know that life is difficult—once we truly understand and accept it—then life is no longer difficult. Because once it is accepted, the fact that life is difficult no longer matters.

*M. S. Peck, The Road Less Travelled, 1978, p. 15*

## INITIATION INTO ADULTHOOD

### Initiation Rites

*Initiation Rites in Other Cultures*

Analysis of an Initiation Rite

The Passage to Adulthood

*The Transition to Adulthood in the United States*

*Types of Initiation Activities in the United States*

*The Adolescent Movement*

*Implications of the Loss of an Initiation Ceremony*

### Methods that Facilitate the Transition to Adulthood

*The High School as a Setting for the Rite of Passage*

*The Walkabout Approach*

*The Family as a Setting for the Rite of Passage*

*Outward Bound*

Conclusion

Chapter Highlights

Key Terms

What Do You Think?

Integrated Reading

*The young men standing in the living room of the old fraternity house had solemn faces. As the fraternity president began intoning the sacred words that would lead to their induction, Dave and Bill glanced cautiously at each other. The two were in the front row, waiting along with nine other sheepish freshmen “pledges.” Each knew the other was remembering the same thing—the long ordeal of their pledge period, which had begun at the start of the semester.*

*For weeks they had had to wear ridiculous beanies on their heads, and act as virtual slaves to the fraternity brothers. Despite their best efforts to obey the complex rules, each had numerous violations, which the brothers had noted in the young men’s pledge books.*

*Last night, for the initiation opener, they had endured one blow across their buttocks from a thick magazine (rolled up and taped for the purpose) for each of their rules violations. Bent over and holding their ankles, they had managed to get through the beatings without crying out, but not without becoming very black-and-blue. Then they were taken together and dropped off in groups of three in the middle of a dark woods, with instructions to get back to the frat house by 10 AM if they hoped to be initiated.*

*After numerous mishaps, all made it to the main road and hitched into town. On their return to the house, they thought their initiation was finished, but the ordeal was far from over. Next came a series of lesser trials called a **hazing**. It included:*

- Being made to lie on their backs while tablespoons of baking soda and then vinegar were poured into their open mouths. They were ordered not to swallow, to close their mouths and keep them that way no matter what. The brothers laughed uproariously when, inevitably, the mixture exploded, shooting a geyser from their tightly-pressed lips high into the air.*
- Being blindfolded and made to eat warm “dog manure.” Actually they had eaten doughnuts soaked in warm water, but the bag of manure held under their noses made them believe it was the real thing.*
- Having a mixture of Liederkrantz cheese and rotten eggs smeared on their upper lips, then being made to run around while inhaling the dreadful odor.*

*Now, as the torture was over, and the final ceremony underway, both Dave and Bill had the same thought in their minds: I’ve done it! I’ve survived! I’m in!*

What you have just read is a description of an **initiation rite** that actually took place some years ago. In recent years, the horrors of the fraternity initiation have been softened by legal restrictions and by more humane attitudes. For example, Baier and Williams (1983) surveyed 440 active members and 420 alumni members of the fraternity system of a large state university. They compared attitudes of these men toward 22 hazing practices (such as those just described) known to be used by the frats. They found the active members were considerably more opposed to the practices than the alumni.

Nevertheless, most of us have heard of recent cases of maimings and even deaths of young men who have been put through hazing. Such trials are held by people at all socioeconomic levels and racial and ethnic backgrounds. They are organized by sports teams and criminal gangs, and are not limited to males, either. Several high school coaches have been fired recently for knowingly allowing hazing by their teams.



# INITIATION RITES

In this chapter, you will learn about the role of initiation rites in fostering the journey from adolescence to adulthood. You will see how such rites function in preindustrial societies, and examine the effects of their presence and absence in our culture. The chapter ends with the description of several activities that could serve as initiation rites for our youth.

When you have finished studying this chapter, you should be able to:

- Discuss the purpose of initiation rites and the effects on adolescents of their having no formal rite of passage into adulthood in our culture.
- Describe the components of some initiation rites in preindustrial societies.
- List activities in our own society which may be parallel to these rites.
- Compare and contrast the initiation rites of American adolescents in the industrial era with those of today.
- Discuss the concept of the adolescent moratorium, its strengths and weaknesses.
- Specify some high school activities that could serve some of the purposes of an initiation rite.
- Form a personal list of characteristics you believe necessary for a person of either gender to exhibit in order to show sufficient maturity to be considered an adult.

## Initiation Rites in Other Cultures

Why do some people, and the groups they wish to be associated with, seem to enjoy holding initiation rites so much? And why are so many adolescents, many of them otherwise highly intelligent and reasonable, willing and eager to endure such pain? Is it simply because they want to join the group, to feel that they belong? There seems to be more to it than that. Throughout the world, adolescents readily engage in such activities because they seem to want to be tested, to prove to themselves that they have achieved the adult virtues of courage, independence, and self-control. And the adults seem to agree that adolescents should prove they have attained these traits before being admitted to the “club of maturity.” Compare the activities that Dave and Bill were put through to those of two members of a “primitive” African tribe, Yudia and Mateya, described in the box on the next page.

Thus far, Yudia’s and Mateya’s initiations have been different. Mateya’s has been longer and harder than Yudia’s. She is being brought even closer to the women who have raised them both, but Mateya must now align himself with the men. (Freud stated that, unlike females, all males must give up their identification with their mother; this makes adult males subconsciously doubtful of their sexual identity.)

The initiations are similar, though, in that both youths have experienced severe physical pain. In both cases, the operations were meant to sensitize them to the vastly greater role sex will now play in their lives. Furthermore, their mutilations made them recognizable to



The markings on this adolescent's face and the unusual necklace he wears indicate he is experiencing the initiation rituals that prepare him to take his place among the adult men of his tribe.

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## A Multicultural View:

### YUDIA AND MATEYA COME OF AGE IN AFRICA

Yudia cannot believe how rapidly her feelings keep changing. One moment she is curious and excited, the next, nervous and afraid. Tonight begins her *igubi*, the rite that celebrates her induction into adulthood. Yudia has longed for this day most of her 11 years, but now she wonders if she really wants the responsibilities of a grown-up.

Though it seems much longer, only a week has passed since the excruciating beginning of her initiation. The memory of it is already dimming: the bright fire, her women relatives pinning her down on the table, her grandmother using a thin sharp stone to cut out her clitoris, the searing jolts of pain.

The women had held and consoled her, empathizing fully with her feelings. Each had been through the same agony. For them, too, it occurred shortly after their first menstruation. They had explained to her that this was just the beginning

of the suffering she must learn to endure as an adult woman. All during the past week, they had been teaching her about the pain her husband would sometimes cause her, about the difficulties of pregnancy and childbirth, about the many hardships she must bear stoically. For she is Kaguru, and all Kaguru women accept their lot in life without complaint.

It has been a hard week, but tonight the pleasure of the igubi will help her forget her wound. There will be singing, dancing, and strong beer to drink. The ceremony, with its movingly symbolic songs, will go on for two days and nights. Only the women of this Tanzanian village will participate, intoning the time-honored phrases that will remind Yudia all her life of her adult duties.

In a large hut less than a mile from the village, Yudia's male cousin Mateya and seven other 13-year-old Kaguru boys huddle together, even though the temperature in the closely thatched enclosure is a stifling 110 degrees. Rivulets of sweat flow from their bodies and flies dot their arms, backs, and legs. They no longer pay attention to the flies, nor to the vivid slashes of white, brown, and black clay adorning all their faces. Their thoughts are dominated by a single fear: will they cry out when the elder's sharpened stone begins to separate the tender foreskin from their penises? Each dreams of impressing his father, who will be watching, by smiling throughout the horrible ordeal.

Three months of instruction and testing have brought the young men to this point. They have learned many things together: how to spear their own food, how to tend their tiny gardens, how to inseminate their future wives, and most importantly, how to rely on themselves when in danger. The last three months have been exhausting. They have been through many trials. In some, they had to prove they could work together; in others, their skill in self-preservation was tested. For most of them, being out of contact with their mothers was the hardest part. They have not seen any of the female members of their families since they started their training. Unlike Yudia's initiation, which is designed to draw her closer to the adult women of the tribe, Mateya's initiation is designed to remove him forever from the influence of the females, and to align him with the adult men.

Now it is evening. Mateya is the third to be led out to the circle of firelight. Wide-eyed, he witnesses an eerie scene. His male relatives are dancing in a circle around him, chanting the unchanging songs. The grim-faced elder holds the carved ceremonial knife. Asked if he wishes to go on, the boy nods yes. Abruptly the ritual begins: the hands of the men hold him tight; the cold knife tip touches his penis; a shockingly sharp pain sears his loins; he is surprised to hear a piercing scream; then, filled with shame, he realizes it comes from him.

all adult members of the Kaguru tribe. At this “coming out” ceremony, males and females also receive new names, usually those of close ancestors. This illustrates the continuity of the society. The beliefs of the tribe are preserved in the continuous flow from infant to child to adult to elder to deceased and to newborn baby again. When all is done, Yudia and Mateya can have no doubt that they have passed from childhood to adulthood.

## A Multicultural View:

### INITIATION RITES IN EUROPE

The problem is not limited to the United States. For example, in his study of French juvenile delinquents, Garapon (1983) saw a “symbolic, sacrificial dimension” to their crimes. He notes that often cars and other stolen goods are either dumped in the canals or burned, which he feels is similar to the sacrifices of prized goods that preindustrial tribes carry out with water or fire. He points out other links to tribal initiations: most crimes are committed at night, and wind up in courtrooms, where there are symbolic costumes such as the judge’s robes.

In Germany, Zoja (1984) has suggested similar parallels in the path to drug addiction. He states that, “Drug addiction can be an active choice, allowing the user to acquire a solid identity and social role, that of the negative hero, as well as access to an esoteric glimpse of an ‘other world’” (p. 125). Obviously, in countries throughout the world, drug use serves as another type of initiation rite.

## ANALYSIS OF AN INITIATION RITE

Before discussing the implications of American initiation rites (or the lack of them), we’ll provide a more detailed description of the purposes and components of such rites.

The first analysis of initiation ceremonies in preindustrial societies such as the Kaguru was completed by anthropologist Arnold Van Gennep in 1909 (Van Gennep, 1909/1960). His explanation is still regarded highly, as can be seen in more recent studies (e.g., Anderson & Noesjirwan, 1980; Brain & others, 1977; Hill, 1987; Kitahara, 1983; Lidz & Lidz, 1984; Morinis, 1985; Ramsey, 1982). Van Gennep argued that the purpose of the initiation rites, as with all rites of passage (marriage, promotion, retirement, etc.) is to cushion the emotional disruption caused by a change from one life status to another. As Brain and associates (1977) put it:

*These rites are seen as a part of general human concern. . . . The particular problem being dealt with is the change from childhood, seen as asexual, to adulthood, seen as sexual. Further, sex is threatening, since it is connected with death and with the unique human knowledge of mortality (p. 191).*



For males, this transition also involves the end of dependence on their mothers and other older women and the beginning of their inclusion in the world of men. This ceremony is often scheduled to coincide with the peak in adolescent physiological maturation, and therefore has often been called a **puberty rite**. Van Gennep argues that this is inappropriate, since initiation may be held by one tribe when the children are 8 years old, and in another at 16. Children of 8 have not yet started puberty; those of 16 are halfway through it. Also, the age at which puberty starts differs from individual to individual, and now occurs approximately three years earlier than it did one hundred years ago (see Chapter 3). Nevertheless, the initiation rite is usually held at one age within each tribe, regardless of the physical maturity of the individual initiates.

Serving as an introduction to sexuality and separation from mother is one purpose of the initiation rite. Several other purposes have been suggested. In his classic text *Totem and Taboo* (1914/1955), Sigmund Freud offered the psychoanalytic explanation. In his view, such ceremonies are necessitated by the conflict between fathers and sons over who will dominate the women of the tribe. Adolescent males are seen as challenging the father's authority and right to control the women.

In order to make clear their supremacy in the tribe and to ensure the allegiance of the young males, the adults set a series of trials for the youth at which the adults are clearly superior. The ultimate threat held over the young is castration, the loss of sexual power. Most rites include trials of strength, endurance, prowess, and courage. These usually involve forced ingestion of tobacco and other drugs, fumigations, flagellations, beatings with heavy sticks (running the gauntlet), tattooing, cutting of the ears, lips, and gums, and that most Freudian of inflictions, the circumcision of the foreskin of the penis.

The message is clear: "We, the adult males, are in charge. Join us and be loyal, or else!" Psychologist Bruno Bettelheim (1969) agreed with Freud that there is a fear of castration among the males, but argues that the main role of the initiation rite is to ease the stress of becoming an adult, not to exaggerate it.

## THE PASSAGE TO ADULthood

In this section, we will examine the transition to adulthood in the U.S. We will also consider the effects of the absence of a definitive initiation rite.

### The Transition to Adulthood in the United States

In the industrial past of the United States, it used to be fairly clear when one became an adult. In their late teens, boys and girls usually got married and assumed an adult role. Males were accepted as partners in the family farm or business; females became housewives. This has changed in many ways. What Black (1974) has suggested is still true:

*Today, in modern society, initiation of the boy and girl into adult life is far more complicated. Society is fast, heterogeneous, a network of interdependent groups with many different backgrounds, traditions, and outlooks, the products of religious, racial, national, and class differences. In our age of technology, the young have to learn to*

## WHAT'S YOUR VIEW?

Do we have initiation rites in United States society? In the spaces below, write down as many initiation rites in which you have participated as you can think of. Did these rites help you become an adult? Were they sufficient? Were they formal or informal? Taken together, do they indicate an American definition of maturity? Some activities that may be considered initiation rites are suggested on page 457.

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| _____    | _____     |
| 2. _____ | 7. _____  |
| _____    | _____     |
| 3. _____ | 8. _____  |
| _____    | _____     |
| 4. _____ | 9. _____  |
| _____    | _____     |
| 5. _____ | 10. _____ |
| _____    | _____     |

*deal with cars and trains and planes, machines and other electronic equipment, typewriters, television sets, computers, and mass production assembly lines. They face high concentrations of population, high mobility, and relationships on regional, national, and global levels. All this they have to know and understand at a time when customs, laws and institutions are undergoing drastic and rapid change in the midst of a high degree of human differences and human conflict. (p. 25)*

There are no specific rituals comparable to those in preindustrial societies to help Western youth through this difficult period. For example, religious ceremonies like confirmation and bar and bas mitzvah no longer seem to play the role they had in earlier times. Kilpatrick (1974) argues that

*At some point we grew too sophisticated, at some point the rituals lost their vitality and became mere ornaments. We may still keep their observance, but they are like old family retainers, kept on in vague remembrance of their past service. (p. 145)*

In his anthology of adolescent literature, Thomas Gregory (1978) points out that many modern writers find the decline of the initiation rite in the United States a noteworthy theme. He describes their thinking as follows:

*Today's adolescents are faced with not knowing when they have reached maturity. . . . the absence of a formal rite of passage ceremony necessitates a larger and more uncertain transition, with much groping, as adolescents not only try to establish their new adulthood, but also their identity. (p. 336)*

## Types of Initiation Activities in the United States

This is not to say that Americans have no activities that signal the passage to maturity. We have a number of types of activities, which usually happen at various stages and ages of adolescence. Here is a list of the types and some examples of each, some of which will be discussed later:

- *Religious*
  - Bar mitzvah or bas mitzvah
  - Confirmation
  - Participating in a ceremony, such as reading from the Bible
- *Sexual*
  - Menarche (first menstruation)
  - Nocturnal emissions (male “wet dreams”)
  - Losing one’s virginity
- *Social*
  - “Sweet Sixteen” or debutante parties
  - Going to the senior prom
  - Joining a gang, fraternity, or sorority
  - Beginning to shave
  - Being chosen as a member of a sports team
  - Moving away from one’s family and relatives
  - Joining the armed forces
  - Getting married
  - Becoming a parent
  - Voting for the first time
- *Educational*
  - Getting a driver’s license
  - Graduating from high school
  - Going away to college
- *Economic*
  - Getting a checking or credit card account
  - Buying one’s first car
  - Getting one’s first job



Graduation from high school is one of the few clearcut initiation rites we have in our society today.

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## The Adolescent Moratorium

In the late twentieth century, the attitude that youth need a “time out” period to explore possibilities and to continue education has become widespread. This phase of life is known as the **adolescent moratorium** (see Chapter 6).

Perhaps it is natural that we have discarded rites of passage into adulthood for the more leisurely moratorium. In preindustrial societies, children must take over the responsibilities of adulthood as quickly as possible. The survival of the tribe depends on getting as much help from all individuals as possible. In industrial societies, and even more so in our “information-processing” society, the abundance of goods makes it less necessary that everyone contribute to the society. There is also a need for more extensive schooling in preparation for technical types of work. The moratorium, then, comes about because of our advanced economic system. For these reasons, the initiation ritual has declined considerably since the nineteenth century. Is our society the better or worse for this change?

## Implications of the Lack of an Initiation Ceremony

Today we have doubts that this moratorium is turning out to be effective. In fact, it appears that crime is one of the ways that some youth are *initiating themselves* into adulthood.

Michael Ventura (1989) suggests a cause for the ineffectiveness of the moratorium and, consequently, this dangerous self-initiating behavior. Emerging at puberty within each person is a “craving for extremes,” which represent all the inner intensity associated with adolescence. These extremes manifest themselves in the radical behaviors common in adolescence (i.e., heavy metal music, jargon language code, “way-out” fashions and



hairdos, etc.). These cravings for extremes produce an inherent need for social survival skills, which teenagers cannot provide for themselves. Thus there is a need for initiation. According to Ventura, initiation rites satisfy the craving while providing the necessary survival skills for life in this world.

Although obviously not appropriate for our society, ancient tribal rituals such as those of Yudia and Mateya appear to satisfy the craving for extremes. This satisfaction is accomplished through the extreme nature of the ceremony (involving danger and pain) while the survival skills are given, at least psychologically, along with the new status, "adult." Having proven themselves worthy by passing the rite, the youth are now considered to be among the mature.

By contrast, American culture "denies the craving [and] can't possibly meet the need . . ." (p. 47). As a result, adolescence is prolonged and the eventual transition to adulthood is almost impossible to pinpoint. Ventura claims that adolescents are forced to

*generate forms—music, fashions, behaviors—that prolong the initiatory moment, i.e., that cherish and elongate adolescence—as though hoping to be somehow initiated by chance somewhere along the way* (p. 47).

Thus the tendency toward self-initiating behavior arises. In the most frustrated of adolescents, this self-initiation takes on criminal characteristics. One need only glance at the headlines of any urban newspaper (e.g., the Los Angeles riots) for examples of this kind of criminal behavior.

Adolescent males (and, increasingly, females) seem to need to do something dangerous and difficult. Males raised without fathers or father substitutes are especially vulnerable to the attractions of criminality. As they are leaving adolescence, many of them seem to feel they must prove their adulthood by first proving their manhood in risk-taking behavior.

For much of their childhood, males in the United States are also highly dependent upon female attention. This is often true among those whose fathers are absent. Such a youth sometimes compensates by:

*joining tribe-like gangs and undergoing harsh initiation rites, all in the service of proving his manhood. Much of the trouble that these youth get into serves the same function as primitive rituals. To compensate for the dominant role of mother in his childhood, the boy needs a dramatic event or a series of them to establish male identity* (Kilpatrick, 1974, p. 155).

In the 1960s and early 1970s, many American youth sought to establish their identities by imitating the very rituals of the preindustrial tribes described earlier in this chapter. Known as "hippies" and "flower children," they yearned for a return to a simpler life. Many of them moved to the wilderness, living on farms and communes away from the large cities in which they were brought up. Many totally rejected the cultural values of their parents. The most famous symbol of their counterculture was the Woodstock musical marathon in 1969. With its loud, throbbing music, nudity, and widespread use of drugs, it was similar to many primitive tribal rites. On the other hand, many of these teens also worked hard to promote such "universal tribal" values as cultural diversity and concern for



The American emphasis on athletic ability during the teenage years has much in common with the arduous tasks given as part of the initiation rites to youth in preindustrial cultures.

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the downtrodden. Nevertheless, these self-designed initiation rites also seem to have been unsuccessful as passages to maturity. Most of the communes and other organizations of the youth movement of the 1960s have since failed. Most American youth have decided "you can't go back again."

Organized sport is another example of our efforts to include initiation rites in American life. The emphasis on athletic ability has much in common with the arduous tasks given to preindustrial youth. In particular, we can see a parallel in the efforts by fathers to get their sons to excel in Little League baseball and Pop Warner football. Fathers (and often mothers) are seen exhorting the players to try harder, to fight bravely, and when hurt, to "act like a man" and not cry.

Thus, in delinquency, the counterculture, and in sports, we see evidence that members of several age groups today need the establishment of some sort of initiation rite. Adolescents and adults alike seem to realize that something more is needed to provide assistance in this difficult transitional period. But what?

Traditional initiation rites are inappropriate for American youth. In preindustrial societies, individual status is ascribed by the tribe to which the person belongs. Social scientists call this an **ascribed identity**. The successes or failures of each tribe determine the prestige of its members. Family background and individual effort usually make little difference. In earlier times in the United States, the family was the prime source of status, which was rather stable. For example, almost no children of the poor became merchants, doctors, or lawyers. Today, personal effort and early commitment to a career path play a

far greater role in the individual's economic and social success. This is called an **achieved identity**. For this reason (and others), preindustrial customs are not compatible with Western youth today.

Nevertheless, the problem of knowing when to treat people as children and when to treat them as adults remains. This is a problem not only for adults but for the adolescents themselves. What can we do to resolve this serious problem? Some argue that we should lend more credence toward institutions already in place, namely, milestones celebrated within the school and family, and regard them as legitimate rites of passage.

## METHODS THAT FACILITATE THE TRANSITION TO ADULTHOOD

### The High School as a Setting for the Rite of Passage

Fasick (1988) suggests that secondary education is the best setting for the transition to adulthood. He asserts that secondary education “. . . is necessary for responsible citizenship in modern society” (p. 467). Fasick presses his point with reference to guidelines established by Van Gennep (1909/1960; see previous discussion). Van Gennep proposed three universal steps in his rites of *passage*:

*separation, where individuals are given a special, secluded, and separate status from their community; a transitional period in which initiates are given instruction in basic cultural assumptions; and a reincorporation of each person into a socially recognized new status.* (Roy, 1990, p. 63)

By traversing these steps, one emerges as an accepted and mature member of one's “tribe.” Fasick holds that in modern society, it is the high school that most closely fits Van Gennep's guidelines. This threshold into adulthood culminates in the high school graduation ceremony.

More specifically, Larson (1988) argues that within the high school experience, the “junior theme” (a research project done during the eleventh grade) could serve as a meaningful rite of passage itself. Larson believes that an adult is defined by his or her “capacity to influence the world and exercise control over his or her life . . .” (p. 267). This capacity is facilitated by certain skills which adolescents must obtain: the ability to act thoughtfully toward a self-determined end; the ability to direct attention and energy toward this end; and, the ability to generate a unique and personal product.

These abilities are best acquired through “tests” which demand their use, the most common in Western society being the high school “junior theme” project. Larson's research on 154 students in a suburban Chicago high school led him to conclude that those who complete the junior theme project have undergone a meaningful initiation rite toward adulthood. He writes:

*The young initiate who can endure the notorious personal trials of these projects, who can control his or her attention and come up with a final product, has made a significant step toward the autonomous status of adulthood in our society.* (p. 268)



These projects serve initiatory purposes because Western society has defined adulthood in terms of personal autonomy and productivity.

Inherent in an initiation rite is a confrontation with the fearful uncertainties of adult life. Since this confrontation requires a "conquering" of these fearful uncertainties, pain, stress, and the opposite extreme, boredom, are often involved. "Conquering" assumes that hard work and patience will go hand in hand; this is called "endurance." The initiated is the one who endures the initiation test.

This, purports Larson, is the precise nature of the junior theme project. It requires endurance. Throughout as many as seven stages which may require several months to complete, the "young initiate" will experience a variety of challenges as well as the wide range of accompanying emotions, from agony to ecstasy. In the end, those who turn in the paper, and are subsequently graded as having "passed," have, therefore, survived the rite of passage.

Over the course of time mandated by the junior theme project, the initiates not only will have learned the abilities required to perform the task and produce the product, they will have learned to master emotional excesses as well. These together, intentional productivity and self-control, mark the western adult. Thus, writes Larson, "the Junior Theme . . . becomes an enactment of the identity quest and, in some cases, an identity crisis" (p. 281). The identity sought in this case is that of a responsible adult.

Another proposal, the walkabout, goes quite a bit further than Larson's suggestion.

## The Walkabout Approach

In the remote regions of Australia, the aborigines have a rite of passage for all 16-year-old males. It is known as the **walkabout**. In the walkabout, the youth, having received training in survival skills throughout most of his life, must leave the village and live for six months on his own. He is expected not only to stay alive, but to sustain himself with patience, confidence, and courage. During this six-month estrangement from home and family, he learns to strengthen his faith in himself. He returns to the tribe with the pride and certainty that he is now accepted as an adult member. According to educator Maurice Gibbons (1974),

*The young native faces an extreme but appropriate trial, one in which he must demonstrate the knowledge and skills necessary to be a contributor to the tribe rather than a drain on its meager resources. By contrast, the young North-American is faced with written examinations that test skills very far removed from actual experience he will have in real life. (p. 597)*

As a result of Gibbons' article, a group was set up by Phi Delta Kappa (PDK), the national education fraternity, to see what could be done about promoting walkabouts for boys and girls in this country. A booklet has been produced that makes specific suggestions. In it, the PDK Task Force suggests that:

*The American walkabout has to focus the activities of secondary school. It does so by demonstrating the relationship between education and action. It infuses the learning process with an intensity that is lacking in contemporary secondary schools. The*



*walkabout provides youth with the opportunity to learn what they can do. It constitutes a profound maturing experience through interaction with both older adults and children. The walkabout enriches the relationship between youth and community.* (PDK Task Force, 1976, p. 3)

There is also a monthly magazine that prints stories about the various types of walkabouts that students in participating schools have devised.

There are three phases in the process: pre-walkabout, walkabout, and post-walkabout. Each of these phases calls for learning specific skills. In the pre-walkabout, adolescents study personal, consumer, citizenship, career, and lifelong learning skills. In the walkabout itself, the skills to be mastered are logical inquiry, creativity, volunteer service, adventure, practical skills, world of work, and cognitive development. The task force suggests numerous activities that foster learning in each of these skills. Most involve at least six months of supervised study and activity outside the school, such as working in a halfway house for mental patients.

The post-walkabout is a recognition that the student has engaged in a major rite of passage on his or her way to adulthood. It is not enough to recognize this experience in a ceremony where members are confirmed en masse, such as the typical graduation. Instead, an individual ceremony involving the graduate's family and friends is held for each walkabout the student undergoes.

*The celebration of transition could take a variety of forms. The ceremonies are varied according to family tastes and imagination, but in each celebration the graduate is the center of the occasion. Parents and guests respond to the graduate's presentation. Teachers drop by to add their comments and congratulations. The graduate talks about his or her achievements, sharing some of the joys and admitting the frustrations.* (PDK Task Force, 1976, p. 34)

## The Family as a Setting for the Rite of Passage

*John and Debra grew up just four miles apart. They never knew each other until they met one day, years later, and eventually married. John was very self-confident and possessed a strong sense of purpose for his life, which was reflected in his career choice and his subsequent success within it. Debra, while herself an obviously bright and gifted woman, possessed little confidence in her abilities. This often paralyzed her capacity for making decisions, especially in regard to her career. Consequently, five years into their marriage, Debra found that she resented John's satisfaction with his life and choices and was frustrated with her own lack of direction.*

*By comparing their families, we can see some of the reasons why John and Debra differ. John's family celebrated significant milestones in his life with recognition, parties, "bragging" within earshot of John, and by granting increased responsibilities with every passing accomplishment. Debra, by contrast, comes from a family where birthdays were frequently forgotten and thus interpreted as unimportant. When a celebration was attempted, they often resulted in arguments over missed events in the past. As a result, Debra grew to view herself as undeserving of recognition, while John emerged as an adult assured of his talents and cognizant of his limitations.*

Initiation signals not only the arrival of adulthood, it also signifies one's acceptance into a society. This socialization most effectively occurs within a microcosm of society, namely, the family. Family structures typically resemble those of the society at large. The rules and norms expected of mature participants in a society are most effectively communicated and enforced within the family. Families which fail to convey these rules and norms often have children who have trouble adjusting to life within the society.

Within many non-Western cultures, these societal norms are explicit and universally agreed upon. In Western cultures, however, most previously explicit norms have generally given way to vague substitutes. As a result, societal expectations are difficult for adolescents to grasp. It has been proposed that this shift has thwarted efforts by the family to serve as a socializing agent for teenagers. Closely related to this is a diminishing of family rites of passage which may have formerly assisted in the socializing process.

Quinn and associates (1985) assert that while children fully expect, even demand, the right to adulthood, our society is no longer in agreement as to what this process should look like:

*In our view, adolescents live in families with few clearly marked, uniform, or inevitable transition points. . . . The absence of developmental markers has created a false sense of security and an invalid confirmation of a progression toward future stages of development. (p. 103)*

This results in an "identity struggle," leaving the adolescent alone to define the transitions in growing up. As previously mentioned, these definitions regularly take the form of self-initiating behaviors.

What is needed, according to these researchers, are rites of passage within the family itself. However, these rites must not simply be "gifts for surviving the years" (p. 105). Rather, they should recognize significant accomplishments by giving the adolescent increased autonomy, responsibility, and privilege. These rites of passage place the onus of growing up on the adolescent, with a gradual expansion of his or her boundaries.

Two examples of family initiation rites are celebrations of significant accomplishments (e.g., learning to drive the family car) and the increased sharing of family responsibilities (using the car to do the shopping). In most families, obvious events (such as birthdays and graduations) are celebrated. However, there may be other milestones which, while possibly insignificant to the adult observer, may be very meaningful to the adolescent. In the research of Quinn and associates, teenagers were given greater responsibilities in the family and then granted higher status within the family after having proven themselves competent. This rite of passage took the form of an "official" induction as an "influential factor in the family functioning, thereby gaining increased recognition of his worth and more autonomy" (p. 109).

Obviously the family system benefits as well as the adolescent. Rites of passage assist in the often traumatic developmental dilemmas that naturally come with growing up. They ease the transitions of life for all involved by recognizing and affirming change as normal and essential. At the same time, they allow the family to be involved in powerful ways. Selvini-Palazzoli and associates (1978) found that rites of passage served to unify the family by creating a sense of "we-ness" that transcended the individual differences that potentially bring about family stress.

Roy (1990) suggests that the regular inclusion of family rituals, of which rites of passage are one type, promote communication and healing within the family system. Through the marking of change in an individual, the family also realizes that it is changing. By traveling the developmental road together, it seems that adolescents and their families are able to adjust to the inherent difficulties of transition more readily.

### *An Applied View:*

## USING FAMILY RITUALS AS RITES OF PASSAGE

There are valuable implications for therapists and others through the use of initiation rites. Roy claims that:

*Clergy and therapists can increase their effectiveness by promoting change through rituals. Rites of passage are the most obvious arena for change, individual as well as family. . . . family members [can decode] family disputes around a rite of passage and facilitate the entry or exit of family members from nuclear family units (p. 63).*

With the apparent conflict that surrounds families with adolescents, it seems a natural option for them to create and employ meaningful rites of passage for the sake of healthy growth and family harmony.

A number of prominent thinkers have suggested that human development could be enhanced if the transition from adolescent to adult were used to learn to deal with fears better. But how to do it? Here is a suggestion that has been gaining in popularity lately.

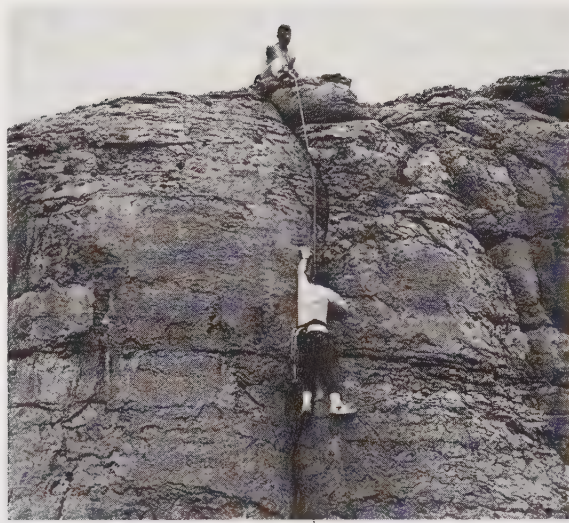
## Outward Bound

The **Outward Bound** program (Outward Bound, 1988) was founded during World War II to help merchant seamen in England survive when their ships were torpedoed. Early in the war, it was learned that many sailors died because they became paralyzed with fear when their ship was hit. Outward Bound was designed to prepare these men to handle their fears in dangerous situations. The program was so successful that after the war it was redesigned for much broader training in conquering fear.

Its basic premise is that when people learn to deal with their fears by participating in a series of increasingly threatening experiences, their sense of self-worth increases and they feel better able to rely on themselves. The program uses such potentially threatening experiences as mountain climbing and rappelling, moving about in high, shaky rope riggings, and living alone on an island for several days. Some of the experiences in the program also involve cooperation of small groups to meet a challenge, such as living in an open rowboat on the ocean for days at a time.

Outward Bound has grown rapidly in recent years, and has installations throughout the country. Each program emphasizes the use of its particular surroundings. For example, the Colorado school emphasizes rock climbing, rappelling, and mountaineering. The





The Outward Bound Program has served as a basic rite of passage by offering a chance to prove one's self-worth and to have this feeling validated by others.

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Hurricane Island school in Maine uses sailing in open boats on the ocean as its major challenge. The school in Minnesota emphasizes reflection and development of appropriate spiritual needs.

Outward Bound has proven its special worth for teenagers. It originally started with males, but most of its sessions now include equal numbers of males and females. The program operates as a basic rite of passage by offering a chance to prove one's self-worth and to have this feeling validated by others. The philosophy of the program is that participants cannot be told what they are capable of, but must discover it for themselves.

Since the Outward Bound experience effectively reduces the **recidivism rate** (the percentage of convicted persons who commit another crime once they are released from prison), it has widespread implications in treating juvenile delinquents. This program is not punitive as reform schools are, and is considerably less expensive than prison. However, there is reason to believe that the effectiveness of the program decreases significantly after the enrollees have spent some time back in their neighborhoods. Perhaps this just means that they must be brought back for "booster" sessions from time to time.

Although there is a lack of extensive experimental evidence on the effects of Outward Bound, there is no scarcity of testimony from the participants themselves. As one short teenager put it, "Size really doesn't matter up there. What really counts is determination and self-confidence that you can do it!"

Many graduates say that they find life less stressful and feel more confident about their everyday activities as a result of participating in Outward Bound. One of the most positive aspects of the program is its effect on women. Many say that they are surprised



to discover how much more self-reliant they have become. Probably the most important result is that most graduates say they feel more responsible and grown-up after having been through the experience.

## WHAT'S YOUR VIEW?

A number of prominent educators believe that schools should concern themselves only with intellectual matters, not with personal and social development. Do you agree? These educators are opposed to ideas like Outward Bound and the walk-about. How do you feel about these two ideas? If you like these ideas, can you use them as a springboard to other methods by which we adults might help youth in their "passage to maturity"?

A number of these types of programs have sprung up over the country. One is the Vision Quest Program in Pine River, Michigan (Wiland, 1986). This approach uses Indian ceremonies to prepare participants for a four-day solo experience designed to "demarcate the questor's entrance into society as a fully responsible and mature adult" (p. 30).

### *An Applied View:*

#### THE COMPONENTS OF MATURITY

Think of one woman and one man who are the most mature persons you know—people with whom you are personally familiar, or people who are famous. Then ask yourself, "Why do I think these people are so much more mature than others?" In the spaces below, for both the male and the female, create a list of the characteristics that seem to distinguish them in terms of their maturity.

**Female**

**Male**

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How much do the lists differ? Is male maturity significantly different from female maturity? Which of the two people is older? Which of the two do you admire more? Which of the two are you more likely to want to imitate? Were you able to think of many candidates for this title of "most mature adult," or was it difficult to think of anyone? Are either or both of the people you picked professionals? Are either or both of these persons popular with their own peer group? What is the significance of your answers to you?

The Outward Bound and walkabout procedures are becoming better known, and they will almost certainly help to alleviate the need for initiation to adulthood, but they are clearly not sufficient in themselves. The complexity of American adulthood requires a variety of such approaches, if we are to develop in our youth the kind of mature women and men we want.

## CONCLUSIONS

We began this chapter by comparing how youth are inducted into adulthood in preindustrial tribes and in modern America. We concluded that our situation is much more complex than that of the tribes, and that although there have been several good suggestions for initiation activities in postindustrial societies, the absence of clear initiation rites still causes problems for us.

Before we can specify initiation activities that would be useful in inducting youth into adulthood, perhaps we need a clearer idea of the successful adult. To put this another way: "What is a mature person?" This question has intrigued thinkers throughout recorded history. It has been variously described as a search for peace, for the knowledge of God, for satori, for nirvana, for self-actualization, or for wisdom.

In many ways, this whole book has been about the "passage to maturity." We hope that in reading it, you have gained an improved sense of what we adults need to do to help adolescents with their passage. Perhaps even more importantly, we hope that in studying the many theories and research reports detailed in this book, as well as carrying out some of the suggested activities, you have made significant progress in your own quest.

## CHAPTER HIGHLIGHTS

### Initiation Rites

- Initiation rites in other cultures offer a formal ceremony marking the transition from child to adult.
- Our own culture provides no such universal and formal way for taking leave of adolescence and being accepted into the adult community.
- Fraternities and other organizations often require aspiring members to pass through a series of trials to gain acceptance into the group.
- Some researchers have suggested parallels to this process in the crimes juveniles are often required to commit in order to become a member of a gang, and in the sequence of experiences that so often lead to drug addiction.

### Analysis of an Initiation Rite

- The purpose of initiation rites in preindustrial societies is to cushion the emotional disruption arising from the transition from one life status to another.
- For the male, these rites also formally end dependence on his mother and the other women in the community, and bring him into the group of male adults.
- Initiation rites also serve as an introduction of both genders to the sexual life of an adult.

## The Passage to Adulthood

- In our industrial past, the transition to adulthood was fairly clear.
- Entry into adulthood is far more complex for adolescents today, largely due to the increase of sophisticated technologies and the need for many more years of formal education.
- No specific rituals exist in present Western societies to aid youths through this difficult change.
- There are five types of activities that signal the passage to maturity in America today: religious, social, sexual, educational, or economic.
- The adolescent moratorium, or “time out,” allows teens to explore possibilities and extend education. It comes about because of our advanced economic system.
- Some have suggested that the moratorium is ineffective, and this causes self-initiating behavior, which may be dangerous.
- American adolescence is often prolonged, and the transition to adulthood almost impossible to pinpoint.
- Organized sports, the adolescent counterculture, and delinquency all provide some sort of trials that must be passed for acceptance into adulthood.
- Some high school projects which require self-determination, focus, and sustained work to achieve a final product may serve as an initiation rite.
- The Australian aborigines require all 16-year-old males to spend six months alone surviving in the wilderness. This ritual, called the “walkabout,” confers adulthood on the youth who completes it. An American form of the walkabout, incorporating varied work in real-world settings, has been suggested.
- The Outward Bound program, with its emphasis on various forms of wilderness survival, serves as a rite of passage for many youth.

### KEY TERMS

Achieved identity 461

Adolescent moratorium 458

Ascribed identity 460

Hazing 450

Initiation rite 450

Outward Bound 465

Puberty rite 455

Recidivism rate 466

Walkabout 462

### WHAT DO YOU THINK?

1. Do you remember any experiences from your own youth that were particularly helpful in your transition to adulthood? In what ways were these experiences helpful?
2. The adolescent moratorium seems to be getting longer and longer. Do you think this is a good thing? Why or why not?
3. Some theorists have suggested that because of our capitalistic financial system, we need to delay adolescent entrance into the adult world for longer and longer periods. Can you think why they would say so? Do you agree?
4. Can you think of a third plan for initiation along the lines of the walkabout and Outward Bound?
5. How would you define “maturity”?

## SUGGESTED READINGS

- Bly, R. (1990). *Iron John*. Reading, MA: Addison-Wesley. This is a “. . . book on male initiation and the role of the mentor, the result of ten years’ work with men to discover the truths about masculinity that get beyond the stereotypes of our popular culture.”
- Bronowski, J. (1973). *The ascent of man*. Boston: Little, Brown. This classic work makes exciting reading when one is beginning to study the psychology of human development.
- Erikson, E. (Ed.). (1978). *Adulthood*. New York: Norton. A collection of essays on what it means to become an adult. Written by experts from a wide variety of fields.



# A P P E N D I X

## SERVICES AVAILABLE TO YOUTH IN MOST MEDIUM-TO-LARGE U.S. CITIES, AND THEIR 800 NUMBERS

### Charitable Organizations

Catholic Relief Services World  
Headquarters 235-2772  
Child Works International 533-3315  
Children Incorporated 538-5381  
United Community Charities  
Incorporated 833-6650

### Clinics—Mental Health

All Women's Health & Medical Services  
223-3909  
New Life Treatment Centers Inc.  
227-5433

### Drug Abuse & Addiction

Adolescent Chemical Dependency Unit  
North Mississippi Med. 442-2238  
Alcohol & Drug Abuse Center 352-7873  
Chemical Emergency Preparedness  
Program Hotline 535-0202  
Cocaine Abuse Triple A Abuse  
Alternatives 452-9300  
"800 Cocaine" Information 262-2463  
Narconon International 468-6933

### Eating Disorders

Anorexia & Bulimia Resource & 24-hr.  
Helpline 772-3390  
H O P E Eating Disorders Program  
635-1022  
The Rader Institute 255-1818

### Educational Alternatives

American Association of Overseas  
Studies 338-2748  
Audubon Girl Scout Council 852-8421  
Student Camp & Trip Advisors 522-5883  
United States Sports Camps 468-7007

### Environmental, Conservation & Ecological Organizations

Global Perspectives 221-8897  
National Wildlife Federation 432-6564

### General Services

Child Abuse Prevention—Kids Peace  
257-3223  
Child Care Resource & Referral  
343-3470

Child Support Hotline—Department of  
Social Services 831-4573

Children's Hospice International  
242-4453

Foster Care Coalition 367-8373

National Center for Missing & Exploited  
Children 843-5678

National Day-Care Referral 554-5437

Teen Help 637-0701

Vegetarian Awareness Network 872-8343

## Handicapped Services

Family Support & Information Network  
852-0042

National Information System For Health-  
Related Services 922-1107

Project Reach 537-3224

## Health Services

Comprehensive Health Education  
Foundation 323-2433

Human Health Systems 448-8378

National AIDS Hotline Centers for  
Disease Control 342-2437

National Childrens Cancer Society  
532-6459

National Health & Fitness Alliance  
348-9297

National Sexually Transmitted Disease  
Hotline 227-8922

Rape Hotline—serviced on a local basis

## Pregnancy Counseling

Adoption Hotline 444-4844

Catholic Adoption Services 833-5878

Crisis Pregnancy Center 683-1023,  
344-4272

Dimensions Medical Center-Abortion  
Services 553-3939

Femcare 228-1560

Florence Crittenton Services 448-0024

Foster Care Coalition 367-8373

Gynecological Surgical Services  
932-3312

Healthy Mother Healthy Baby Line  
422-2968

Life Saver Ministry 648-4357

Lovejoy Sugicenter 752-6189

Mercy Ministries 922-9130

Pregnancy Center Archdiocese 492-5530

Volunteers of America 426-5934,  
222-3196

## Runaways

Missing Children Help Center USA-kids

Missing Children Safety Council Nat'l  
Child Watch 222-1464

National Runaway Switchboard 621-4000

Operation Lookout—National Center for  
Missing Youth 782-7335

Vanished Childrens Alliance 826-4743

## Suicide

Suicide Prevention Center 352-7873

# G L O S S A R Y

## A

- Abstract thinking** Thinking in the formal operations stage, which allows reality to be represented by symbols that can be manipulated mentally. (p. 105)
- Abuse of inhalants** Sniffing the substances such as airplane glue, paint thinners, and gasoline to get “high.” The most popular new inhalant is amyl nitrite, popularly known as “poppers.” These substances are especially dangerous because they can permanently damage the nervous system. (p. 388)
- Accommodation** Modifying our existing schemata because we cannot make our perception of the environment fit. What we are seeing is so new and different that we must change in order to adapt to it; that is, we learn. (p. 103)
- Achieved cultural identity** When individuals find a way of resolving the differences between their cultural background and the dominant culture as well as the problem of the lower status of their cultural group in society. (p. 190)
- Achieved identity** In industrial societies, personal effort and early commitment to a career path can strongly influence the individual’s economic and social success. (p. 461)
- Adaptation** Piaget states that a tendency in all human beings is to adapt to the environment. Adaptation consists of two complementary processes: assimilation and accommodation. (pp. 102, 103)
- Adolescent life change event scale** A psychological measure developed to evaluate the amount of stress in an adolescent’s life based upon the number of stressful life events experienced in the last year. (p. 355)
- Adolescent moratorium** A “time out” period during which the adolescent experiments with a variety of identities, without having to assume the responsibility for the consequences. (p. 458)
- Age cohort** A group of people born about the same time. (p. 31)
- Aggressive gang** A type of adolescent delinquent behavior distinguished by a group or gang that engages in a variety of illegal group activities. (p. 415)
- AIDS (acquired immune deficiency syndrome)** A virus that attacks certain cells of the body’s immune system, leaving the person vulnerable to any number of fatal complications, such as cancer and pneumonia. (p. 296)
- Alarm reaction** Selye’s term for a generalized “call to arms” of the body’s defensive forces. (p. 351)
- Alternative schools** Nontraditional schools developed by those who view most public schools as bureaucratic, competitive, and dehumanizing. Alternative schools strive to be humane, personal, and meaningful. (p. 326)
- Amenorrhea** The absence or suppression of menstruation, often seen in anorexics and bulimics. (p. 77)
- Anabolic steroids** An artificial form of the male hormone, testosterone, taken to look more muscular and to perform better athletically. Most users are male, but some females in competitive sports also use steroids, hoping to increase their strength and endurance. It appears that long-term effects of using these drugs is dangerous. (p. 397)
- Ancestral worldview** The belief, common among ethnic minority cultures, that the well-being of the larger group, such as the family or the community, is more important than the success of a single individual. (p. 226)
- Androgynous** Refers to those persons who have higher than average male *and* female elements in their personalities. (p. 195)
- Anorexia nervosa** A syndrome of self-starvation that mainly affects adolescent and young adult females. It is characterized by “an intense fear of becoming obese, disturbance of body image, significant weight loss, refusal to maintain a minimal normal body weight, and amenorrhea, and cannot be accounted for by a known physical disorder.” (p. 361)
- Artistic type** One of Holland’s six vocational personality types. The artistic type is creative, expressive, and nonconforming and may choose occupations such as musician or interior decorator. (p. 330)
- Asceticism** A defense mechanism against the sexual, “sinful” drives of youth which often causes the teenager to become extremely religious. (p. 46)

**Ascribed identity** In preindustrial societies, individual status is ascribed by the tribe to which the person belongs. The successes or failures of each tribe determine the prestige of its members. Family background and individual effort usually make little difference. Still exists in some places today (e.g., India). (p. 460)

**Assimilation** Perceiving the environment in a way that fits our existing schemata. That is, we make reality fit what already exists in our minds. (p. 103)

**Attachment theory** A theory proposing that caretakers who are consistently responsive and sensitive contribute to the development of secure attachment, which in turn helps children to develop greater self-confidence and a willingness to be more independent. (p. 220)

**Authoritarian parenting style** Baumrind's term to describe parents who are demanding, give their children little autonomy, control their children by rules with little explanation, and fail to show warmth to their children. (p. 221)

**Authoritative parenting style** Baumrind's term to describe the most common and most successful style of parenting in which parents hold high expectations, provide explanations for rules, and create an environment of warmth and caring. (p. 223)

**Automatic processing** Information-processing procedures that occur in situations that are consistent, and provide a lot of opportunity for practice, such as driving a car. They are generally quick and effortless and become faster with practice. (p. 116)

**Autosexuality** The love of oneself; the stage at which the child becomes aware of himself or herself as a source of sexual pleasure, and consciously experiments with masturbation. (p. 277)

## B

**Beer goggle sex** Sexual activity resulting from drinking too much alcohol. (p. 296)

**Behavioral model of depression** The view that depression results from low levels of positive reinforcement or from an inability to escape from punishment. (p. 370)

**Behavioristic model** A model that sees adolescent subcultures starting out as a result of a series of trial-and-error behaviors, which are reinforced if they work. The behavioristic model sees peer group members behaving the way they do because they have no other choice. (p. 266)

**Being needs** Needs that *increase* as they are attended to (thus they are also termed "growth needs"). An example of a being need is the appreciation of music; the more we come to like music, the more we desire the joys it can provide. (p. 52)

**Biculturalism** Strong identification with both the majority and your own minority culture. (p. 189)

**Biopsychosocial** That idea that development proceeds by the interaction of biological, psychological, and social forces. (p. 38)

**Body image** How people believe they look to others. (p. 90)

**Bulimia nervosa** A disorder characterized by "episodic binge eating accompanied by an awareness that the eating pattern is abnormal, fear of not being able to stop eating voluntarily, and depressed mood and self-deprecating thoughts following the eating binges." (p. 362)

## C

**Case study** An in-depth look at an individual. (p. 29)

**Castaways** Adolescents who leave home because they have been abandoned, neglected, or abused by their parents. They feel rejected by their parents, who often do not oppose their child's leaving. (p. 417)

**Chicken hawks** Older male homosexuals who specialize in paying young boys for prostitution. (p. 425)

**Chickens** Young male prostitutes. (p. 425)

**Chlamydia** This is now the most common STD, with about five to seven million new cases each year. There often are no symptoms. It is diagnosed only when complications develop. (p. 302)

**Cliques** Relatively small and intimate groups of close friends of similar ages, backgrounds, and interests. (p. 255)

**Close friendships** Friends viewed as being supportive and available to provide support when needed. This basic building block of the larger, peer group structure is positively associated with the social, psychological, and academic adjustment of adolescents. (p. 254)

**Codification** The tendency of adolescents to establish the detailed rules. (p. 133)

**Cognitive model of depression** The view that depression results from negative cognitions or thoughts. Beck discusses three kinds of negative cognitions: negative view of the self, negative interpretation of one's experiences, and negative views of the future. (p. 369)

**Cognitive structures** Specific quantitative and qualitative mental abilities that develop in stages as a child's intelligence develops. (p. 101)

**Commitment** The third of Perry's intellectual and ethical stages in which "because of the available evidence and my own understanding of my values, I have come to new beliefs." (p. 151)

**Compensation** The cognitive ability to recognize an inequality of quantity and then add to the lesser amount to create an equality. (p. 112)



- Compulsory education** Refers to laws which require children to be in school between the ages of 6 and 16. It was instituted in part to make sure that children would be freed from the terrible conditions of the sweat shops. (p. 19)
- Concrete operational stage** Piaget's stage of mental development in which children become concerned with *why* things happen. The intuitive thinking style of the preoperational stage is replaced by elementary logic. (p. 104)
- Conflict mediation** A technique to teach juvenile offenders how to settle conflicts without resorting to violence by means of a face-to-face meeting between the offender and the victim, attended by a third person, called the mediator. The young offender is held responsible for his or her behavior, and given a chance to express remorse and to make amends to the person who was harmed. (p. 442)
- Consolidation** A quantitative cognitive change from childhood to adulthood, whereby improved problem-solving techniques are employed in a wider variety of situations and with greater skill. (p. 113)
- Construct** An idea about some aspect of the human being. The ego and intelligence are examples. (p. 39)
- Controlled drugs** Those drugs that have been limited in their distribution and manufacture under the Controlled Substances Act of 1970. This act empowers the Attorney General of the United States and designates to punish those who use or sell drugs illegally. There are five levels of punishment under this law. (p. 389)
- Controlled processing** An information-processing procedure in which new information lacking consistency in rules and sequence is manipulated, therefore making specific attention to each step a necessity because there is no established pattern. Controlled processing takes place when the information to be processed does not provide the opportunity for practice that leads to speed and ease. (p. 116)
- Conventional level** In Kohlberg's theory, the level at which the person wants to fulfill society's expectations, and be fair to all. (p. 136)
- Conventional type** Among Holland's six vocational personality types, the conventional types enjoy working systematically with numbers, filing clerical records, and copying printed information. (p. 330)
- Convergent thinking** In problem solving, when we *converge* or close in on the one correct answer. (p. 118)
- Coping strategies** Methods people use to handle stress. (p. 354)
- Core self** Hart describes a self that reflects our deepest values and is consistent across social relationships. (p. 181)
- Correlational studies** Analyze the co-relationship between two variables. (p. 29)
- Critical thinking** Involves the ability to think logically, to apply this logical thinking to the assessment of situations, and to make good judgments and decisions. (p. 117)
- Cross-sectional studies** This method compares groups of individuals of several ages at the same time, in order to investigate the effects of aging. (pp. 28, 33)
- Crowds** Peer groups with a reputation for certain values, attitudes or activities. Common crowd labels among high school students today include "jocks," "brains," "druggies," "populars," "nerds," "burnouts," and "delinquents." (pp. 250, 255)
- Cultural gangs** Those gangs that are centered in a neighborhood. They are loosely organized, and are not necessarily involved in any criminal activities. These gangs are usually made up of a single cultural or ethnic group, especially if that group is newly arrived in this country. (p. 439)
- Cultural identity** That part of a person's self-concept that comes from their knowledge and feelings about belonging to a particular cultural group. Cultural identity includes self-identification, a sense of belonging, an attitude toward one's cultural group, and involvement. (pp. 165, 188)
- Cultural identity search** A process of exploring one's cultural identity. (p. 190)
- Culture transmission model** A model explaining the rise of adolescent subcultures which posits that a new subculture arises as an imitation of the subculture of the previous generation. This takes place through a learning process by which younger teenagers model themselves after those in their twenties. (p. 266)

## D

- Dealing** The sale of illegal drugs on a small scale, usually carried out with a friend of the seller. (p. 389)
- Defense mechanisms** Unconscious attempts to prevent awareness of unpleasant or unacceptable ideas. (p. 44)
- Deficiency needs** Those needs that *decrease* as they are attended to; they can be fully satisfied. When some physical or psychological deficit occurs (thirst, loneliness) and there is an action which can be taken to eliminate it, the need is a deficiency need. (p. 52)
- Delayed puberty** The stages of pubertal change do not begin until a significant time after the normal onset. (p. 69)

**Depression** A condition marked by a sorrowful state, fatigue, and a general lack of enthusiasm about life. It can be of long or short duration and of low or high intensity, and can occur in a wide variety of conditions at any stage of development. (p. 365)

**Depressive equivalents** The expression of depression in adolescence through symptoms that are different from those displayed by adults. Concentration difficulty, running away, sexual acting out, boredom and restlessness, and aggressive behavior and delinquency are examples of depressive equivalents. (p. 367)

**Descriptive studies** Information is gathered on subjects without manipulating them in any way. (p. 28)

**Developmental tasks** Skills, knowledge, and attitudes that are needed by an individual in order to succeed in life at each stage of life, which lie midway between the needs of the individual and the goals of Western society. (p. 50)

**Disengaged family** A term used by family systems' theorists to describe families in which there is too little involvement or caring among family members. (p. 221)

**Divergent thinking** The type of thinking used when the problem to be solved has many possible answers; especially important in creative thinking. (p. 118)

**Diversity** According to Toffler, stress is increased by the percentage of our lives that is in a state of change at any one time. (p. 350)

**Double standard** Engaging in premarital sexual relations is acceptable for males but not for females. (p. 286)

**Drive-by shootings** When innocent bystanders are injured or killed by violent gangs usually shooting from moving automobiles. Many of the victims of gang violence have no connection at all with any gang activity. (p. 438)

**Drug abuse** Use of a drug in such a way that the individual's physical, mental, or emotional well-being is impaired. (p. 387)

**Drug addiction** Historically, this term has referred to dependence on narcotics. Today it has so many meanings that experts are now beginning to use the term "drug dependence" instead. (p. 387)

**Drug dependence** When a physical or psychological need, or both, result from continuous drug use. Psychological need occurs when the person feels anxious, depressed, or irritable when he or she doesn't have the drug. Physical dependence, on the other hand, occurs only when negative physical symptoms result from drug withdrawal, such as vomiting, sweating, muscle tremors, joint pain, delusions and hallucinations, and almost always a strong sense of anxiety. (p. 388)

**Drug overdose** Taking so much of a drug that it causes an acute reaction, usually extreme anxiety, which is sometimes followed by stupor, low breathing rate, and, in rare cases, coma. (p. 388)

**Drug tolerance** A condition that develops from continuous use of a drug when a larger and larger amount is needed to produce the same effect. (p. 388)

**Dualism** The first of Perry's three intellectual and ethical stages in which "things are either absolutely right or absolutely wrong." (p. 151)

**Dysmenorrhea** Menstrual cramps. (p. 83)

## E

**Early formal operations stage** The first stage of formal operations (from 11 to about 14), in which abstract thought, logic, metacognition, and hypothetical reasoning occur. (p. 105)

**Eating disorders** Disorders such as anorexia nervosa and bulimia nervosa characterized by drastically reduced food intake or episodic binge eating. (p. 76)

**Ecological theory** A view of the growing child and adolescent as an active agent in a series of interacting systems. This theory was first presented by Urie Bronfenbrenner. (p. 208)

**Ego** The central part of our personality according to Freud, it is the (usually) rational part that does all the planning. It keeps us in touch with reality. It begins to develop from the moment of birth. (p. 44)

**Egocentric thinking** Adolescent's style of thought in which they think more about themselves, and watch themselves as though from above. This trait is composed of two specific factors: the imaginary audience and the personal fable. (p. 114)

**Ego psychology** Psychoanalytic view that emphasizes the ego more and the id and superego less than Freud did. (p. 48)

**Emotional attachment** During adolescence, an individual may give up the dependence of a younger child while developing interdependence with his parents. The need for emotional attachment remains; emotional distance from parents is usually not healthy. (p. 244)

**Emotional separation** Identity is formed at adolescence through detaching emotionally from the family and shifting affection to peers. (p. 244)

**Empirico-inductive method** A method of problem solving used by young children, in which they look at available facts and try to induce some generalization from them. (p. 109)

**Endocrine system** The ductless glands such as the pituitary, thyroid, and sex glands that secrete directly into the bloodstream. (p. 73)

**Enmeshed family** A family systems term used to describe families in which members are very close and limit the freedom necessary for individual growth. (p. 221)

**Enterprising type** Among Holland's six vocational personality types, enterprising types often enjoy business activities that are directed towards making money or achieving organizational goals. (p. 330)

**Environmental model of depression** A theoretical model that describes depression as a consequence of environmental circumstances, such as negative life events, or high levels of life stress and few sources of support. (p. 370)

**Escape** Perry's term for refusing responsibility for making commitments. Since everyone's opinion is "equally right," the person believes that no commitments need be made, and thus escapes from the dilemma. (p. 152)

**Exploration stage** According to Super, most teens are involved in this stage of career development. (p. 332)

**Extended family** A family structure in which grandparents, aunts and uncles, and other family members beyond the nuclear family (parents and siblings) play an important role in providing emotional, physical, and financial support. (pp. 208, 225)

**Externalizing** Expressing depressive feelings outwardly, such as through aggressive behavior, delinquency, running away, or rebellion. (p. 367)

## F

**Family system** Families develop rules and boundaries that help to maintain the status quo or keep things the way they have always been. A family system that is too resistant to change can create difficulties for adolescents who are leaving home and making career decisions. (p. 333)

**Family therapy** A form of psychological treatment in which all family members work together with a therapist to help the family as a whole to function better and to meet the needs of all family members. (p. 219)

**Fixated** Refers to being stuck at a developmental stage and, therefore, unable to become a fully mature person. (p. 45)

**Focal stage theory** John Coleman's theory that although there are a number of problems that are of concern to some adolescents at all age levels, each peak is at a decidedly different time. (p. 60)

**Formal operations stage** Piaget's fourth stage of mental development, in which children are able to perform abstract operations entirely in their minds. (p. 105)

**Future shock** The illness, according to Toffler, that results from having to deal with too much change in too short a time. (p. 350)

## G

**Gay** A name referring to male homosexuals. (p. 280)

**Gender** Our conceptions of what it means to be male or to be female. (p. 193)

**Gender aschematic** Persons who do not use gender as a standard for evaluating or classifying behavior. Bem maintains that being gender aschematic is more healthy psychologically than restricting one's behavior based upon gender-role expectations. (p. 196)

**Gender intensification hypothesis** According to Hill and Lynch, pubertal changes in early adolescence contribute to increased concern about conformity to gender stereotypes. (p. 193)

**Gender role** A pattern of behavior that results partly from genetic makeup and partly from the specific traits that are in fashion at any one time and in any one culture. For example, women are able to express their emotions through crying more easily than men, although there is no known physical cause for this difference. (pp. 165, 192)

**Gender-role adaptation** Defined by whether the individual's behavior may be seen as in accordance with her or his gender. (p. 192)

**Gender-role orientation** Individuals differ as to how *confident* they feel about their sex identity. Those with low confidence have a weak orientation toward their gender role. (p. 192)

**Gender-role preference** Some individuals feel unhappy about their sex role, and wish either society or their gender could be changed so that their sex role would be different. (p. 192)

**Gender-role system** The set of attitudes and beliefs about the ways in which the abilities and personalities of men and women differ and are suited to different career choices. (p. 335)

**Gender schema** A cognitive process through which behaviors are labeled as masculine or feminine. (p. 196)

**General adaptation syndrome** Selye's theory about the three stages of reaction to stress. (p. 351)

**Genetic theory of homosexuality** A theory which postulates that the reaction of a fetus's brain to sex hormones during the second through sixth month of gestation may create a genetic tendency towards homosexuality. This theory states further that persons born with this tendency (called a predisposition) can be influenced by the environment to either select or avoid homosexuality. (p. 282)

**Genital herpes** This is an incurable sexually transmitted disease with about 500,000 new cases every year. With no cure, there are now estimated to be about 30 million people in this country who experience the recurring pain of this infection. (p. 303)



- Gonadotropins** The hormones secreted by the pituitary gland. (p. 73)
- Gonorrhea** This well-known venereal disease accounts for between one-and-a-half and two million cases per year. One quarter of those were reported among adolescents. The most common symptoms are painful urination and a discharge from the penis or the vagina. (p. 302)
- Gynecomastia** Inappropriate physical development marked by male breast growth. (pp. 78, 85)

## H

- Hazing** The often dangerous practices used by some fraternities to initiate new members. (p. 450)
- Hepatitis B** This viral disease is transmitted through sexual contact, and also through the sharing of infected needles. The symptoms include high fever and aches; liver damage may result. (p. 303)
- Heterosexuality** Love of members of the opposite sex. (p. 277)
- Hierarchy of needs** Needs that Maslow believes overlap in stages. The basic needs are present at birth and higher-order needs show up as the person grows older. Furthermore, satisfaction of these needs is sequential; the basic needs must be met before later, more complex needs can be successfully fulfilled. (p. 52)
- Holland's theory** A theory describing vocational choice as the matching of an individual's personality type to the type of environment in which the work takes place. (p. 331)
- Home invader gangs** A newly developing form of drug-related gang violence. These gangs enter homes and terrorize the occupants while stealing anything of value. These gangs enjoy their ability to intimidate and control their victims, forcing them to hand over all their valuables, and threatening to kill them if they don't cooperate. (p. 439)
- Homosexuality** Love of members of one's own sex. (p. 277)
- Hormones** Chemical agents produced by the endocrine system that trigger physical change such as puberty. (p. 73)
- Hypothetical reasoning** Forming conclusions based on hypothetical possibilities, a type of formal stage thinking. (p. 105)
- Hypothetico-deductive method** A method of problem solving used by adolescents, in which they hypothesize about the situation and deduce from it what the facts *should be* if the hypothesis were true. (p. 109)
- I**
- Id** The simplest of Freud's mind structures, it operates only in the pursuit of pleasure. (p. 44)
- Ideal self** The self that one would like to be. The development of the ideal self is made possible by hypothetical thinking. (p. 168)
- Identity crisis** Erikson's term for the situation, usually in adolescence, that causes us to make major decisions about our identity. (pp. 57, 182)
- Identity status** Refers to Marcia's four types of identity formation. (p. 186)
- Imaginary audience** One aspect of adolescent egocentric thinking in which the adolescent thinks that everyone is noticing everything he or she does and every aspect of his or her appearance in fine detail. The adolescent feels "on stage" most of the time, in front of an imaginary audience. (p. 114)
- Immersion schools** Schools designed to meet the needs of African-American male students by providing an educational program that is segregated by race and by gender, to reflect African-American culture and provide successful African-American role models as teachers. (p. 319)
- Individuation** The first separation process, which takes place in early childhood when the young child comes to realize that she or he is separate and different from her or his parents. (p. 170)
- Information processing** The process of understanding information and acting on that understanding. (p. 116)
- Information-processing strategy** The study of how children (and adults) perceive, comprehend, and retain information. (p. 112)
- Initiation rite** A cultural and sometimes ceremonial task that signals progress to some new developmental stage. Such rites can indicate the passage from adolescence to adulthood. (p. 450)
- Instrumental gangs** Gangs formed for the purpose of carrying out criminal activities. The lure of big money has drawn many into drug dealing. (p. 439)
- Intellectualization** A defense mechanism, discovered by Anna Freud, in which the adolescent defends against emotional feelings of all kinds by becoming extremely logical about life. (p. 46)
- Interdependence** When people depend upon one another for help, and define themselves as members of a group, such as a family, a church, or a community. In contrast with the belief that self is defined by independence, Gilligan, Josselson and others suggest that connection with other people helps, rather than interferes with, the development of the self, particularly for women and non-Western cultures. (p. 171)



**Interdependence theory** A new model of parent-adolescent relationships in which adolescents gain independence not through rebellion, but through gradual increases in freedom and responsibility. (p. 220)

**Intergroup competition** Coleman suggests applying the process and the rules of sports to the classroom so that students experience the joy of being a member of a winning team. (p. 265)

**Internalizing** Expressing depressive feelings by worrying, becoming anxious and keeping one's feelings inside. (p. 367)

**Interpersonal competition** According to Coleman, the traditional classroom model in which one classmate's success may well mean lower grades for others. (p. 265)

**Interpropositional thinking** The ability to think of the ramifications of *combinations* of propositions. (p. 110)

**Intrapropositional thinking** The ability to think of a number of possible outcomes that could result from a single choice. (p. 110)

**Introspection** Inward-looking or thinking about what is going on in one's mind. An example is the question, "Who am I, really?" (pp. 169, 182)

## **Inversion**

The cognitive ability to recognize an inequality of quantity and then subtract from the greater amount to create an equality. (p. 112)

**Investigative type** The Holland vocational personality type who prefers working with ideas and is generally analytical, methodical, and precise. (p. 330)

## **J**

**Job ceiling** According to Ogbu, many minority youth observe unemployment and underemployment among relatives, friends, and neighbors and develop the belief that no matter how hard they work, they are limited by their race in how much they will be allowed to achieve. (p. 337)

**Juvenile delinquent** A juvenile who commits theft or destruction to property. (p. 415)

**Juvenile justice** Involves special hearings, the confidentiality of records, and a separate jailing and punishment of youngsters. (p. 20)

## **L**

**Later formal operations stage** The second phase of formal operations (age 15 to 19) in which the abilities of dealing with systems of symbols, propositional logic, individual thinking patterns, and scientific reasoning have developed. (p. 107)

**Learned helplessness model of depression** A behavioral model of depression proposing that people become depressed because they cannot escape from a bad situation. When their efforts to improve their conditions do not work, they learn that trying is not worthwhile and give up their efforts. (p. 370)

**Learning theory of homosexuality** Homosexuality is thought to be the result of learned experiences from significant others, according to this view. (p. 281)

**Lesbians** A name referring to female homosexuals. (p. 280)

**Logic** Thinking in the formal stage, which is much more orderly and systematic. (p. 105)

**Longitudinal studies** The researcher makes several observations of the same individuals at two or more times in their lives. (pp. 28, 30)

**Loss of reinforcement model of depression** A behavioral model of depression proposing that people become depressed because events or situations no longer provide positive reinforcement. (p. 370)

## **M**

**Magical thinking** Many adolescents have an unrealistic view of death's finality and use suicide as a way to radically change the world and solve their problems or to join a loved one who has already died. These feelings are often aided by the glorification of suicide that sometimes occurs in the media. (p. 375)

**Marginalism** Weak identification with both the majority culture and your own minority culture. A person who feels isolated and alienated from both cultures. (p. 189)

**Manipulative experiments** The experimenter attempts to keep all variables (all the factors that can affect a particular outcome) constant except one, which is carefully manipulated (see "treatment"). The goal is to learn whether this treatment is effective. (pp. 28, 30)

**Menarche** The onset of menstruation. (pp. 27, 82)

**Mental structures** The blueprints in our minds that equip us to affect our environment. They are the tools of adaptation. (p. 102)

**Metacognition** "Thinking about thinking," or being able to analyze one's own thoughts. This type of thinking characterizes the formal stage. (p. 105)

**Mid-life transition** Feelings of anxiety which sometimes occur at midlife as individuals examine what they have done with their life and think about what they would like to do in the remaining years. (p. 218)

**Moral components** In James Rest's theory, the four steps that are used in the process of solving moral dilemmas. (p. 144)

**Moratorium of youth** A “time out” period during which the adolescent experiments with a variety of identities, without having to assume the responsibility for the consequences of any particular one. (p. 185)

**Multicultural diversity** Refers to the many races and cultures that coexist within a country such as the U.S. or Canada. (p. 7)

**Mutual collaboration** In Selman’s model, the ability to understand and respect one’s own needs and those of other people. It requires the capacity for intimacy, or sharing of experiences, and the capacity of autonomy, or ability to define one’s interests and negotiate them with another person. (p. 182)

## N

**Naturalistic experiments** In these experiments, the researcher acts solely as an observer and does as little as possible to disturb the environment. “Nature” performs the experiment, and the researcher acts as a recorder of the results. (p. 28)

**Negative identity** Persons with a negative identity adopt one pattern of behavior because they are rebelling against demands to do the opposite. (p. 185)

**Nonaggressive offenders** Persons who commit crimes that are mainly harmful to themselves, such as runaways or prostitutes. (p. 415)

**Normal range of development** The stages of pubertal change occurring at times that are within the normal range. (p. 86)

**Novelty** Toffler’s term for the dissimilarity of new situations in our lives, which contribute to stress. (p. 350)

**Nurturant parenting style** A style of parenting identified by Dacey in which parents are very interested in their children, but provide few firm rules to govern it. Instead, by modeling and family discussions, they espouse a set of well-defined values and expect their children to make personal decisions based upon those values. (p. 224)

## O

**Observational learning** Influence of modeling on personality development as stressed in Bandura’s social learning theory. (p. 49)

**Observational studies** Describe people simply by counting the number and types of their behaviors. (p. 29)

**One-time, one-group studies** These are studies that are carried out only once on one group of subjects. (pp. 28, 31)

**Operations** Mental events that take the place of actual behavior. (p. 104)

**Organization** Our innate tendency to organize causes us to combine our schemata more efficiently. The schemata of the infant are continuously reorganized to produce a coordinated system of higher-order structures. (p. 103)

**Outcome expectations** Beliefs learned from teachers, parents, friends, and past experience about one’s abilities and expectations for success and failure in areas such as school and career. (p. 335)

**Outward Bound** A program where people learn to deal with their fears by participating in a series of increasingly threatening experiences. As a result, their sense of self-worth increases and they feel more able to rely on themselves. The program uses such potentially threatening experiences as mountain climbing and rappelling, moving about in high, shaky rope riggings, and living alone on an island for several days. (p. 465)

## P

**Pair therapy** A therapeutic technique developed by Selman in which two adolescents work together with a therapist with the goal of developing more advanced interpersonal skills. The pair therapist plays the role of providing a third-person perspective and helps to work through conflicts in the social interaction. (p. 182)

**Parent-child role reversals** Parents and children sometimes exchange traditional role behaviors. In the parent-child interaction, the child adopts some parent-type behavior (e.g., caretaking, nurturing, advising), and the parent acts more as a child is expected to act. (p. 376)

**Parsons’ theory** The first theory of vocational choice, suggesting that people can make better choices if they match their skills and interests to the requirements of the world of work. (p. 331)

**Pelvic inflammatory disease** This disease often results from chlamydia or gonorrhea, and frequently causes prolonged problems, including infertility. Symptoms include lower abdominal pain and a fever. (p. 302)

**Permissive-indifferent parenting style** Parents who have little control over their children and have few methods of discipline. Lack of discipline results because parents are not interested enough or have too many other stressors in their lives to adequately supervise and discipline their children. (p. 224)

**Permissive-indulgent parenting style** Parents who are warm, but not demanding. They set few rules for their children because they believe that children should have a lot of freedom. (p. 224)

**Personal fable** An aspect of adolescent egocentric thinking in which adolescents make stories about themselves. Most of these fables have two aspects: a sense of being unique and all-powerful. (p. 114)

**Personal identity** The set of beliefs about the self concerning how one changes over time yet remains the same individual, how one is different from others, and how one is able to act independently. The development of a clear, realistic, and integrated self-concept lays the basis for identity development. (p. 165)

**Perspective taking** The ability to see the environment from someone else's point of view. A child's personal theory about what other people are like, which affects the way she or he relates to other children. This view of what other people are like changes over time. (pp. 114, 149)

**Pituitary gland** The main endocrine gland that secretes gonadotropins into the bloodstream which, upon reaching the brain, stimulate the production of more hormones in other glands. (p. 73)

**Possession** Illegal possession refers to obtaining drugs from someone not legally sanctioned to distribute them. (p. 389)

**Postconventional level** In Kohlberg's theory, people at the postconventional level are concerned with moral principles that they have thought carefully about and chosen as their own. (p. 136)

**Precociousness** The ability to do what others are able to do, but at a younger age. (p. 125)

**Preconventional level** In Kohlberg's theory, people at the preconventional level are concerned with avoiding punishment and gaining satisfaction. (p. 136)

**Premature foreclosure** A situation where a teenager chooses an identity too early, usually due to external pressure. (p. 185)

**Premenstrual syndrome (PMS)** A series of behavioral, emotional, and physical symptoms that occur to many women around a week before menstruation. (p. 83)

**Preoperational stage** Piaget's second stage, during which the ability to represent objects symbolically in the mind begins. (p. 104)

**Principle of caring** In Gilligan's moral theory, the traits of care and sensitivity to the needs of others based on relationships, which so often typifies women's moral judgments. (p. 141)

**Principle of justice** In Kohlberg's theory, refers to our inherited potential to recognize when we are being fair or unfair with each other. (p. 40)

**Prodigiousness** The ability to do what is *qualitatively* better than the rest of us are able to do. Such a person is referred to as a prodigy. (p. 125)

**Protective factors** Characteristics of resilient individuals that protect them from stress. Supportive family environments, support from the social network outside of the family, positive self-concept, an easy-going disposition, and good social skills are some of the known protective factors. (p. 357)

**Psychoanalysis** Freud's explanation of the psychic development of humans. Also his method of psychological therapy. (p. 43)

**Psychoanalytic model of depression** According to this model, the causes of depression are best explained by a history of loss. Depressed adolescents, for example, may have a history of parental separation or death, death of a pet, loss of friends, or a series of moves. (p. 369)

**Psychoanalytic theory of homosexuality** Freud's theory suggested that if the child's first sexual feelings about the parent of the opposite sex are strongly punished, the child may identify with the same-sex parent and develop a permanent homosexual orientation. (p. 281)

**Psychogenic model** One of three models explaining the rise of adolescent subcultures, it assumes that teens are *psychologically disturbed* by the world they are living in and therefore form a subculture to escape or avoid reality. (p. 265)

**Psychopathology** Mental illness, relatively rare during adolescence. (p. 359)

**Puberty** A relatively abrupt and qualitatively different set of physical changes that normally occur at the beginning of the teen years. (p. 68)

**Puberty rite** An initiation ceremony often scheduled to coincide with the peak in adolescent physiological maturation. (p. 455)

**Pushouts** Adolescents who leave home because they have been abandoned, neglected, or abused by their parents. They feel rejected by their parents, who often do not oppose their child's leaving. (p. 417)

## R

**Realistic type** The Holland vocational personality type who prefers working with tools, machinery, animals, and the outdoors. (p. 330)

**Real versus the possible** The ability of the adolescent to imagine possible and even impossible situations. (p. 109)

**Recidivism** Returning to committing delinquent and criminal activities after having been incarcerated. (p. 441)

**Recidivism rate** The percentage of convicted persons who commit another crime once they are released from prison. (p. 466)



**Reciprocal determinism** According to Bandura, the process through which beliefs, behavior, and environment affect one another as an individual's view of himself or herself is learned. (p. 173)

**Reflective listening** A method of talking to adolescents; you rephrase the person's comments to show you understand. (p. 291)

**Relativism** The second of Perry's three intellectual and ethical stages in which "anything can be right or wrong depending on the situation; all views are equally acceptable." (p. 151)

**Repudiation** As described by Erikson, by choosing one identity we repudiate (turn down) all other choices. (pp. 58, 183)

**Resilience** Individuals who deal well with stress and who have few psychological, behavioral, or learning problems as a result of it are said to have resilience. (p. 357)

**Retreat** According to Perry's theory of ethical development, when someone retreats to an earlier ethical position. (p. 152)

**Retrospective accounts** Involves an individual's *backward* look at their earlier lives. (p. 21)

**Risk factors** Stressors that place an individual at risk for academic or psychological difficulties. Risk factors include poverty, chronic illness, parental mental illness and drug abuse, physical and sexual abuse, exposure to violence, parental divorce, and teenage motherhood. (p. 357)

**Runaway shelter** Temporary shelters for youth who have left home. Runaway shelters continue to be an important part of the treatment system for runaways. (p. 422)

## S

**Schema** Mental representations of our roles, of other people and their roles, and of the situations in which they might interact. These schemas function like files into which we sort and classify new information. (p. 148)

**Schemata** Patterns of behavior that infants use to interact with the environment. (p. 103)

**Second individuation** According to Blos, in adolescence another individuation occurs when the individual grows from a dependent child to an independent adult. (p. 170)

**Secular trend** The decreasing age of the onset of puberty in females in Western countries, particularly the average age of menarche. (p. 76)

**Self-concept** Those beliefs, attitudes, and thoughts about the self that are descriptions about one's physical, social, and psychological qualities (e.g., what I look like, what I am good at and how I feel). (pp. 165, 166)

**Self-efficacy** Our self-expectations or beliefs about what we can accomplish as a result of our efforts, which influences our willingness to attempt the task and the level of success we achieve. (pp. 173, 335)

**Self-esteem** Evaluating one's success in meeting set goals. (p. 165)

**Self-in-relation** A theory developed by the Stone Center which states that a clear understanding of our relationships with others is most important in the definition of the self, especially for women. (p. 172)

**Self-report studies** Ask people their opinions about themselves or other people by use of interviews or questionnaires. (p. 28)

**Sensorimotor stage** Piaget's first stage, during which mental operations are not yet possible. (p. 102)

**Sequential (longitudinal/cross-sectional) studies** A cross-sectional study done at several times with the same groups of individuals. (p. 33)

**Sexual identity** Results from those *physical characteristics* and *behaviors* that are part of our biological inheritance. They are the traits that make us males or females. Examples of sex-linked physical characteristics are the penis and testes of the male. A corresponding behavior is the erection of the penis when stimulated. (pp. 165, 192)

**Sexual revolution** The extraordinary change in human sexual behavior that occurred in the 1960s and 1970s. (p. 275)

**Sexually transmitted disease (STD)** A class of diseases transmitted through sexual behavior such as AIDS, gonorrhea, herpes, chlamydia, etc. (p. 296)

**Social capital** The knowledge, values, and beliefs passed on from one generation to the next through time spent together. (p. 209)

**Social cognition** The ability to think critically about interpersonal issues, which develops through age and experience. Used to make sense of other people and to decide how to interact with them. (pp. 114, 144)

**Social construction** The idea that self-concept represents, in large part, the attitudes that significant others hold. (p. 175)

**Social isolates** Persons who are avoided by others, and typically avoid each other because they have low prestige. (pp. 255, 284)

**Social learning** According to this theory, children develop their attitudes toward sexuality by modeling and conditioning. For instance, parents in American culture generally offer their children the *model* that sex is an embarrassing topic. (p. 284)



**Social norms** The behavior that society says is appropriate. (p. 144)

**Social readjustment rating scale** A scale developed by Holmes and Rahe to measure life events that require considerable adjustment and to determine the relationship between those events and the physical health. (p. 355)

**Social type** Among Holland's vocational personality types, the social type enjoys working with and helping other people. (p. 330)

**Sociogram** Graphic picture resulting from sociogram technique (see Figure 8.2). (p. 268)

**Sociogram technique** Asking each member of a group to write down the names of the three people in the group whom they like the most. To score, each person who was named first is given a 3, second a 2, and third a 1. Then the scores for each person in the group are added, thereby indicating a range from most popular to social isolate. (p. 255)

**Solidification** Cognitive growth in which the thinker is more certain and confident in the use of the newly gained mental skills and is more likely to use them in new situations. (p. 113)

**Stage of exhaustion** The third stage in Selye's theory of stress, caused by a gradual depletion of the organism's adaptational energy. The physiological responses revert to this condition during the stage of alarm. The ability to handle the stress decreases, the level of resistance is lost, and the organism dies. (p. 351)

**Stage of resistance** The second stage in Selye's theory of stress. If the organism survives the initial alarm, an almost complete reversal of the alarm reaction occurs. Swelling and shrinkages are reversed, the adrenal cortex that lost its secretions during the alarm stage becomes unusually rich in these secretions, and a number of other shock-resisting forces are marshalled. During this stage, the organism appears to gain strength and to have adapted successfully to the stressor. (p. 351)

**State of identity** Erikson not only describes identity as the general picture one has of oneself, he also refers to it as a *state toward which one strives*. If you were in a state of identity, the various aspects of your self-concept would be in agreement with each other; they would be identical. (p. 182)

**Stereotype** Generalizations about the characteristics—either positive or negative—of a group that are supposedly shared by its members. (p. 4)

**Storm and stress** Hall's description of emotional upheavals between the ages of 12 and 25 that also typify human history for the past 2,000 years. (p. 40)

**Street kids** Runaways who join with other runaways and become skillful at fending for themselves through involvement in illegal activities. (p. 421)

**Stress** Emotional tension arising from life events and feelings of threat to one's safety or self-esteem. (p. 346)

**Subculture** Any group that has its own customs (ways of dressing, for example) but is also part of a larger cultural group. (p. 261)

**Suggestibility** Adolescent behavior resulting from the perceived wishes of others. Some adolescents may attempt suicide out of the perception, true or not, that their parents wish them dead. (p. 375)

**Superego** One of Freud's three structures of the psyche. It is comparable to the conscience. (p. 44)

**Super's theory** An influential theory of career development presenting a series of developmental stages or tasks essential for the development of career identity and maturity. (p. 332)

**Syphilis** A sexually transmitted disease which presents a great danger in that in its early stage, there are no symptoms. Its first sign is a chancre ("shan-ker"), a painless open sore that usually shows up on the tip of the penis and around or in the vagina. After a while, this disappears, and if there is no treatment, the disease enters its third stage, which can lead to death. (p. 303)

**System kids** A group of runaway adolescents who were removed from their parents' homes by social welfare agencies because of parental neglect or abuse. After being placed in foster care or a group home, these adolescents decide to run. (p. 418)

**Systems theory** A view of the family and other parts of the social environment, such as the school and peer group, in which the experiences of one individual are believed to affect other individuals and the system as a whole. (p. 221)

## T

**Temporizing** An aspect of Perry's theory of ethical development, in which some people remain in one position for a year or more, exploring its implications, but hesitating to make any further progress. (p. 152)

**Testosterone** The hormone produced by the testes that triggers the physical changes of puberty in boys. (p. 74)

**Throwaways** Adolescents who leave home because they have been abandoned, neglected, or abused by their parents. They feel rejected by their parents, who often do not oppose their child's leaving. (p. 417)

**Trafficking** The sale of large amounts of illegal drugs. (p. 389)

**Transience** Toffler's term for the lack of permanence of things in our lives that leads to increased stress. (p. 350)

**Treatment** Action taken with an experimental group, but not with a control group, in order to measure its effects. Examples of treatments are instruction, medication, and therapy. (p. 30)

## U

**Unexamined cultural identity** Early adolescents and others who may have given little thought to their identity. They may have absorbed their parents' attitudes without question, or they may prefer views of the dominant culture. (p. 189)

## V

**Varicocele** A condition occurring in male puberty in which one testicle is noticeably larger than the other. (p. 85)

**Victimless crime** Some people feel that drug abusers are the only ones who suffer from the use of drugs, so they should not be fined or imprisoned for their actions. However, drug abusers tend to be poor financial risks, dangerous drivers, and often resort to theft to support their habit; they are usually dependent on their families and often on society for support, so their acts are seldom victimless. (p. 388)

## W

**Walkabout** Originally an aborigine initiation rite, the American version attempts to focus the activities of secondary school by demonstrating to the student the relationship between education and action. (p. 462)

## Z

**Zone of proximal development** In Vygotsky's theory, the area at the upper edge of our present abilities in any task in which cognitive growth takes place. (p. 115)

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## LINEART, EXCERPTS

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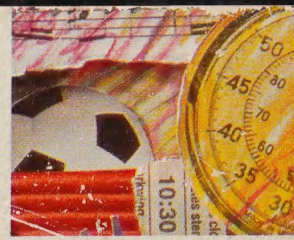
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